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# Journal of Social Hygiene

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VOLUME 26

1940

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER  
AT ALBANY, NEW YORK, FOR  
THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
EDITORIAL AND GENERAL OFFICES  
1790 BROADWAY, NEW YORK, N. Y.

WASH. CLUB  
VIO. 20000  
67

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Apr 8 '41

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Journal

of

Social Hygiene

SOCIAL HYGIENE DAY NUMBER



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Fourth National Social Hygiene Day  
February 1, 1940

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

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# Journal of Social Hygiene

VOL. 26

JANUARY, 1940

NO. 1

## Social Hygiene Day Number

### SIDE-PARTNERS OF SYPHILIS

#### A SUGGESTED RADIO TALK ON THE THEME OF FOURTH NATIONAL SOCIAL HYGIENE DAY

WALTER CLARKE, M.D.

*Executive Director, American Social Hygiene Association*

MR. CHAIRMAN, LADIES AND GENTLEMEN:

It is inspiring to know that today, Fourth National Social Hygiene Day, in thousands of communities throughout the nation, audiences large and small are gathered to consider the fight against syphilis and the conditions that favor its spread. It is particularly encouraging that we are today giving attention to some of these conditions that hinder the campaign most at present—the quacks and other unqualified persons who make profit out of the misery of infected men and women. These are among the most dangerous allies of syphilis. For the quack with his weird contraptions and his worthless concoctions can cure no one. Only the physician trained to *use* all the resources of medical science can help the syphilis sufferer. It is about the illegal and unethical practices of charlatans and quacks that I am asked to speak to you today.

In 1911, in Portland, Oregon, a man infected with a venereal disease shot and killed a quack doctor who had long and cruelly exploited this man and his illness. Public indignation over the

dramatically exposed evils of quackery, public realization of the ignorance of the general public regarding syphilis and gonorrhea, quickly led to the establishment of the Oregon Social Hygiene Society, one of the pioneer groups in the social hygiene movement which was then developing all over the United States. Under the leadership of the American Social Hygiene Association, public interest and activities reached a high point during the World War. Again in 1936 a great wave of public interest began to sweep the country and it is still at a steady high level.

Hundreds of societies and committees for enlightenment of the public have been at work. Almost every state and counties and many cities have recognized syphilis and gonorrhea as major public health problems and have made a start in dealing with them. Facilities for diagnosis and treatment have been greatly increased. Educational work has gone forward. A feeling of optimism regarding the ultimate conquest of syphilis generally prevails.

But a study made by the American Social Hygiene Association in 1933 showed that illegal and unethical practices were still common and flagrant in every section of the United States, and quacks were still thriving on the misery and ignorance of men and women having or fearing that they have had syphilis or gonorrhea. Advertising doctors, herbalists, magic healers, counter-prescribing druggists, "wise women" and all the traditional exploiters of the sick were still exchanging worthless nostrums and magic objects for the money of frightened people seeking relief from real or imagined ills. These greedy exploiters specialized in the misery of persons having syphilis or gonorrhea because of the desire of these sufferers for secrecy and because of their ignorance of the nature and means of cure of these infections.

It was reasonable to suppose that the great wave of publicity and popular information which has swept the country during the last few years would have changed all these evil conditions, would have driven the quack out of existence. When, early in 1939 the American Social Hygiene Association, in cooperation with the United States Public Health Service, made a new survey to learn the extent of illegal and unethical practices and to compare present conditions with those existing in 1933, it was expected that great improvement would be found.

But, to our amazement, the results of this recent study show quite the contrary to be true. Instead of *less*, there appears to be *more* exploitation of victims of syphilis and gonorrhea, *more* drug-store treatment, more ignorance as to where to turn for proper medical care, if infected. At least as many quacks and unqualified practitioners are robbing the ill now as six years ago. In 17 cities, 44 advertising "men's specialists" and 48 herbalists were found, all willing, on very flimsy evidence of infection, to diagnose and treat venereal diseases. In 1939, 62 per cent of druggists were counter-prescribing, in 1933 only 51 per cent. In 1939, only a small number, 7 per cent, refused to diagnose or sell remedies, in 1933, 32 per cent

did so. A large group of druggists who would not go so far as to attempt diagnosis, would sell patent "remedies" on request,—in 1939, 31 per cent, in 1933, 18 per cent.

In October, 1939, as if again to dramatize this great problem, there was repeated almost the identical tragedy which 27 years ago shocked Portland into action. In a great eastern city a hard driven victim of a quack finally turned on his exploiter and killed him. There is strong evidence that the same evil conditions in dozens of American cities might lead to similar tragic events.

Ladies and gentlemen, the time to correct these conditions, the time to learn their cause, the time to save the victims of quacks and other exploiters is *before*, and not *after* murder is done. But for every victim who in desperation and rage lifts a weapon of revenge against an exploiter, there are millions who suffer in undramatic silence, often not even knowing that they have been robbed both of money and of the opportunity to regain health. The facts uncovered by the American Social Hygiene Association should lead us to examine our situation and to learn where we have failed, so that we may correct the defects, each of us in his own community. Let me list the causes found by the Association as the reasons for the present unsatisfactory conditions.

1. There seems no doubt that exploiters of victims of syphilis and gonorrhea have taken advantage of the greatly increased public interest to profiteer, to push harder than ever their quack remedies or methods for "quick cure" of disease. The credulous and ill informed are their easy prey. The quack says to them, "Yes, syphilis is a terrible disease, but I have a quick, sure cure for \$5 a bottle."
2. The vagueness of much popular information regarding syphilis and gonorrhea favors the activities of the quack and encourages self treatment by failing to state definitely who is competent to diagnose and treat these diseases and how to find proper medical care.
3. It is unfortunately true that in many places, perhaps most places, modern, adequate facilities, convenient both as to place and hours, are still lacking for advice and medical care of persons unable to pay for private attention. Some infected persons go to quack doctors or to unethical druggists because there isn't a known easily accessible source of *correct* advice. Some buy a worthless concoction because there is no place for free treatment. Some assume that because a "men's specialist" has a conspicuous electric sign, he must be a great doctor, and no local health agency is advising differently.
4. In some places the state laws and state and local regulations or ordinances do not prohibit quackery, advertisement of cures, counter-prescribing and other practices which are

dangerous to the public health and to the welfare of persons having syphilis or gonorrhea.

5. Perhaps the most common failure is neglect or inability to enforce laws and ordinances already on the statute books. Quackery and other illegal practices exist where *already* forbidden by the laws.

This matter of laws and law enforcement is important, for even if popular education is of the highest order, even if facilities for advice and medical care are adequate and accessible, we must not forget that quacks, if allowed to flourish, "Will fool some of the people all of the time." Law enforcement officials sometimes neglect or refuse to enforce anti-quackery laws because of a political alliance, because they don't agree with the law or believe that it is important, or because they lack adequate staff. An important reason given by officials for non-enforcement of laws is unwillingness of the courts to mete out justice to convicted offenders.

While the situation in the country generally is bad, it is by no means hopeless. This is shown by the fact that in some cities where wise plans are followed, quackery and drug store diagnosis and treatment are practically unknown and have been for years. These cities have good laws and ordinances which are vigorously enforced, they have good facilities both public and private for advice and for diagnosis and treatment, and all groups in the community work together for the maintenance of excellent conditions. Any city can achieve similar results if a serious effort is put forth and continued without interruption. The American Social Hygiene Association suggests the following program of action:

1. *Advice, Diagnosis and Treatment for All.* Provisions of facilities for advice and diagnosis where everyone can reach them easily, and adequate facilities for treatment for those who cannot pay for private care.
2. *Specific Information for the Public.* Carry on specific popular instruction of the public regarding syphilis and gonorrhea, how they spread, how they are diagnosed, why and how they must be treated, and particularly where to go if in need of advice regarding diagnosis and treatment. Information must be exact and detailed of the "How," "When," and "Where" type.
3. *Adequate Laws against Quacks and Charlatans.* Make sure that state laws and local ordinances prohibit quackery and all unqualified treatment of syphilis and gonorrhea. Such laws should include, among other provisions, prohibiting quack advertising, the sale without prescription of drugs for the treatment of syphilis or gonorrhea; diagnosis or treatment of syphilis or gonorrhea by any unlicensed person or by corporations as such. The above mentioned Association offers to advise regarding adequate legislation on this subject.

4. *Vigorous Enforcement of Laws.* See to it that laws and ordinances are enforced against quackery and all unqualified diagnosis and treatment. Encourage law enforcement officials and applaud them when they make honest efforts to keep the community free of illegal and dangerous practices. Aid in law enforcement by reporting to the county prosecutor or to the police such items as the following: Quack doctor advertisements such as "men's specialists"; quack and patent medicine signs and posters; attempts by unlicensed persons to diagnose and treat syphilis or gonorrhea.
5. *Effective Cooperation.* Gain the cooperation of the pharmacists—of whom the vast majority are ethical—to work with the medical profession, the health authorities, law enforcement officials, and citizen groups in fighting all illegal and unethical practices. Cities which are freest from these evils have achieved their results through cooperation.

Lastly, ladies and gentlemen, I would like to bring this subject home to ourselves, to our town, our state. Do we know what are the conditions in our neighborhood and our community? Do we require a tragedy to arouse us? Is "all well" here, or do we just assume that all is well, like a certain London watchman of the Middle Ages who was "over optimistic" when at midnight he shouted, "All's well," and at that very moment thieves were making off with a merchant's strong box, bandits were attacking a late traveler, an assassin was entering the Duke's bed chamber, and seven husbands were beating quarrelsome wives! All these victims thought the watchman exaggerated when he claimed, "All's well."

Do we know, or do we only assume that our community and our state are doing everything possible to guide the infected to physicians for care? Are advice and diagnosis easily available? Do we have good laws and are they enforced?

The worst evils are those which are practiced in the shady regions of greed and crime, which take advantage of ignorance, credulity, fear and the desire for secrecy. And such evils are for the most part carefully hidden from the view of "respectable" citizens. One must *look* for them and look for them where they flourish—among the least privileged classes of the community, among those least able to cope with the bitter experiences of disease.

Let's not wait until some poor wretch is driven to his own violent way out of a situation which disgraces any city or state in which it exists. Let's learn the truth about our own situation, make sure that no one in our community is ignorant about syphilis or gonorrhea or where to go for proper care, or if poverty stricken, fail to find kindly scientific diagnostic and treatment facilities.

I think, ladies and gentlemen, you will agree that Social Hygiene Day is a good time to resolve firmly that no exploiter of the sick—no side-partner of syphilis—shall live and thrive among us.

## PROSTITUTION AND QUACKERY IN RELATION TO SYPHILIS CONTROL

BASCOM JOHNSON

*Associate Director American Social Hygiene Association*

There are three important handicaps to the complete realization of the program for prevention and control of syphilis and gonorrhea. They are, *first*, the quack doctor; *second*, self-treatment through worthless nostrums obtained at drug-stores; and, *third*, the general failure of law enforcing authorities to enforce the laws against commercialized prostitution.

Referring briefly to the first two: Six years ago and again in 1938-39 nation-wide studies were made by the American Social Hygiene Association of illegal and unethical practices in the diagnosis and treatment of syphilis and gonorrhea. These studies seem to show that most of these conditions are getting worse rather than better. A larger proportion (62 per cent) of drug store employees interviewed in 1939 were counter-prescribing than in 1933 (51 per cent). Only 7 per cent of such employees visited in 1939 refused to diagnose or sell remedies, whereas 32 per cent refused to do so in 1933.

While there is now probably less advertising of medical quacks and their remedies than there was ten years ago, there are still large numbers of charlatans, herbalists and other unlicensed practitioners who are treating many persons presumably infected with syphilis or gonorrhea. In an effort to find out what the "man on the street" knows and thinks about the subject of treatment for syphilis and gonorrhea, 2,175 men in 1933 and 1,156 in 1939 were interviewed. In 1933, 57 per cent of these men advised the enquirer to get a drugstore remedy for self treatment, while 40 per cent advised going to a good doctor. In 1939, 65 per cent gave bad advice while only 31 per cent advised wisely.

It is evident from this brief summary that a huge educational task regarding the venereal diseases remains to be



done, and that a tremendous number of persons are probably still getting worthless or no treatment at all for their infections, because of the widespread prevalence of illegal or unethical practices by charlatans and drugstore quacks. These are serious handicaps to the control of the venereal diseases and must be removed before we can hope to achieve the highest degree of success.

### *The Prostitution Racket*

It is important in the discussion of a subject such as this, to be sure that we all have the same understanding of the terms used. Prostitution, for example, means to most people the indiscriminate offering of sexual intercourse by women for hire. This is also the commonly accepted legal definition. Many, however, recognize prostitution as a business, run for profit by unprincipled promoters who exploit women prostitutes as merchandise bought and sold.

Still others have written into the laws of their states (11 in all) a new and more comprehensive definition of prostitution. This new type of law defines prostitution as the indiscriminate *receiving* as well as the giving of the body for sexual intercourse. Under this definition, all indiscriminately promiscuous men as well as promiscuous women are guilty of prostitution, and the question of whether or not money passes in such transactions drops out of the picture, except as evidence of indiscriminateness.

For the purpose of this discussion, I am using the term "prostitution" in this broader and more comprehensive sense. It does not matter to the health worker what the motive of a sexually promiscuous person may be. The fact that he or she makes a habit of cohabiting frequently and with many different persons makes him or her a potential health menace to the community. There is little doubt under this modern definition that prostitution is a principal source through which venereal infections are acquired and spread. Even most of the infections acquired in marriage can be traced indirectly to prostitution as thus defined.

It will be generally agreed, therefore, that the prevention and repression of such sexual promiscuity are measures of great importance to public health. This is not to say that I think that the jobs of preventing or repressing prostitution belong to health departments or even, in all their aspects, to the police and courts. Parents, schools and churches, also can provide education, guidance and control. I will deal somewhat more in detail later on with what seem to me the proper functions of law enforcement agencies in controlling prostitution. For the moment I wish to continue the discussion of the functions, if any, of health departments in repressing prostitution. I repeat that this job should not be saddled on health departments. I say this in the face of the fact that a number of states have not removed from their laws or regulations provisions similar to the

following taken for illustration from the health regulations of one of these states:

“Regulation 2508—Prostitution is hereby declared to be a prolific source of syphilis, gonorrhea and chancroid, and the repression of prostitution is declared to be a public health measure. All health officers are therefore directed to cooperate with the proper officers whose duty it is to enforce laws directed against prostitution, and otherwise to use every proper means for the repression of prostitution.”

If the repression of prostitution is considered to be primarily a public health measure it is pertinent to ask those who support this view why many health officials, even in states having such regulations, ignore this measure, or apparently even acquiesce in the licensing or toleration of commercial prostitution by the police. Is it because such health authorities do not really believe in repression? A few, perhaps, take this position, but I believe not many of them do; and the latter are generally in a position where they can do no more than cooperate with the police and when such cooperation is not wanted they are helpless without strong public opinion favorable to adequate measures for combatting commercialized prostitution and sex delinquency.

It must not be forgotten, also, that the mayor of a city is often the power who appoints both the chief of police and the health officer, and that the mayor will hardly tolerate opposition by his health officer, to a policy which the chief of police has adopted for dealing with prostitution, often at the direction of the mayor, and certainly rarely without his actual or tacit approval. Sometimes in cities in which the Administration has completely failed in its duty to enforce the laws against prostitution, the health officers in those cities have developed available public health measures to such a high state of efficiency that their records of control of venereal diseases show they have overcome, to some extent at least, the handicaps which a policy of toleration of prostitution imposes on any program for the control of these diseases. The fact that such a policy by a police department makes the task of the health officer more difficult and expensive, and limits his progress in the control of venereal diseases, is to be deplored. The health officer, however, cannot be blamed for this policy of the police, or be tainted with the inevitable scandals resulting therefrom unless he directly or tacitly approves that policy.

But, when the mayor of a city or a chief of police endeavors to use the health officer as a “front” and tries to justify the licensing or toleration of prostitution as a public health measure, a vigorous protest by the health officer is indicated. No informed and competent health officer can subscribe to this doctrine, because he knows that prostitution cannot be licensed or tolerated and at the same time be prevented from increasing his venereal disease problem and the number of exposures of citizens to infection. The least he can do under such circumstances is to declare publicly what Assistant Surgeon General Vonderlehr once authorized me to quote him as declaring, namely,

*That the licensing or toleration of prostitution has no public health value, whatever, but on the contrary is a policy full of menace to the public health and welfare.*

While almost every health officer knows that this declaration constitutes sound public health doctrine, and is familiar with the reasons why it is sound, there are many laymen and social and even health workers who are not so sure. For their benefit, I will attempt to describe how this doctrine was evolved and outline something of the many years of practical experience, through trial and error, on which it is based.

For many years prostitution has been regarded by its defenders and apologists as a "necessary evil." It is necessary, they say, because of the imperious and supposedly uncontrollable demand of unattached males for sexual outlets. These outlets, they believe, can best and most safely be supplied by setting aside for this purpose a special group of women, to be known as prostitutes. They claim that the sacrifice of this special group was and is necessary for the protection of the institution of marriage, and the chastity of all other unmarried females.

Having thus set up prostitution as the savior of marriage and female chastity, it would seem logical to suppose that they would provide in their scheme some humane method by which these women were to be selected, trained, cared for, protected, and even pensioned after they had been retired, in consideration for the patriotic and humanitarian service they were expected to render to mankind. No one, however, has come forward with any such suggestions. The recruiting, training, and even management of an endless stream of young girls to take the places of those women who become "shop-worn" and are no longer suitable for their trade, has been left in the hands of the most degraded, cruel, and ruthless group of men and women known to the underworld. Furthermore, the usual reward which prostitutes receive, upon completion of their tour of duty, is to be kicked out and left to starve, or, if they are clever, to become managers of other prostitutes and take their turns at exploiting the latter in the same manner as they themselves have been exploited. These evils, and many others in the social, political and governmental fields are admitted to be inevitable by the defenders and apologists of prostitution, but, they have argued, we should put up with these evils because of the greater evils which the successful repression of prostitution would bring to the community.

I won't take the time here to argue to point as to whether prostitution has ever contributed anything of good to society, or whether its repression has caused any harm, further than to say that there is no satisfactory evidence on which to base such conclusions. The suggestion that marriage and chastity cannot survive without prostitution, therefore, is a rationalization of the most flimsy fabric. I might add that if marriage and chastity are such frail craft that they can only be saved by prostitution with all its attendant cruelty, degradation and corruption, then they had better be abandoned for something more robust and durable.

While the defenders and apologists of prostitution have thus ignored the idea that the state has any responsibility for the protection of these "patriot" prostitutes from cruelty and injustice, they have not been so modest when it came to the question of what should be done to prevent prostitutes from acquiring and spreading the venereal diseases. The concern which they feel about the public health, or perhaps about their own prosperity, goes to the extent of demanding that the state intervene and take charge of the health situation. They have not hesitated to advocate the subjection of prostitutes to every kind of governmental regimentation and compulsion, carefully avoiding the suggestion that similar measures were either necessary or desirable for their male customers *from* whom most prostitutes get their infections and through whom the infections are transferred to many women and children in homes,—all this in the vain theory that somehow, some way, women could be allowed and even encouraged to practice prostitution and yet be kept safe for the men who patronize them. Numerous schemes for doing this have been developed, most of which can be classified as parts of a system of "regulation" as it is called in Europe, where the term originated. There are as many kinds of "regulation" as there are countries which have tried it. They have this in common, however, that they attempt to register and license all the women who are practicing prostitution in a city and to compel them to submit to periodic examinations for venereal diseases, under the assumption that they will secure adequate treatment and not receive patrons if found diseased.

All of these schemes to make prostitution sanitary and safe have failed. To license or tolerate prostitution under any known system of regulation does little more than lull the male customers of prostitutes into a false sense of security, and to contribute thereby to the spread of venereal diseases. The main reasons why the periodic examinations and treatments of regulated prostitutes fail to make prostitution safe are:—(1) only a fraction (10 per cent in Paris) of all the professional prostitutes practicing in a city at a given time can be forced or induced to submit to such control; and (2) that small fraction cannot be kept under control for any length of time. As soon as a prostitute suspects that she is diseased she disappears rather than undergo the rigors of isolation and the kind of treatment that she receives. (3) Few prostitutes found diseased and treated under these conditions are kept under continuous control and treatment until cured or rendered permanently noninfectious, and even those who are successfully treated cannot be guaranteed against reinfection or against being mechanical conveyors of infection. (4) Prostitutes may be carriers of venereal diseases, even when no evidence of their diseases can be found by the available methods used by the examining doctors. (5) In practice the examinations of large numbers of prostitutes are almost invariably superficial and especially do they fail to detect gonorrhea, in many cases, where it exists. The examining doctors in Paris, for example, made little effort to locate gonorrhea in one hundred prostitutes that I saw them examine during the period of one hour. When questioned

regarding this failure, the doctor remarked that "all prostitutes have gonorrhea and none of them are ever cured." (6) A certificate of freedom from disease given a woman by the examining doctor, even if it were true when given, can give no satisfactory assurance of protection against infection to the list of men who have sexual contacts with her before her next examination.

For these reasons countries which have tried the regulation system are abandoning it. It has been found that it does not protect public health or help preserve public order. Moreover, this system has been demonstrated beyond question to constitute the chief incentive to both international and national traffic in women and girls.

If I have been successful in proving to your satisfaction that the licensing or toleration of prostitution has no public health *value*, what should we do about prostitution as a *menace* to public health?

First, I suggest that prostitution should be, as it can be, stripped of all artificial stimulation and exploitation by third parties. These parasite promoters of prostitution get most of the profits and are responsible for most of the evils of the business. Their suppression is the job of the police and courts. They are criminals and often organized racketeers whose anti-social activities nobody can or wants to defend. When this is accomplished prostitution is reduced to manageable proportions—i.e. the relation of the woman prostitute to her male customer. I do not think prostitutes should be allowed by the police to create public scandals on the streets, in places of public recreation, hotels or anywhere else, or to make public nuisances of themselves. If they avoid doing these things and are not contributing to the sex delinquency of young boys I think that the police may contend that they can do no more until Society has worked out better social as well as police protection for these women as well as the public.

Health officers, however, cannot ignore a prostitute any more than they can ignore any other individual in the population who is thought to be infected with or a carrier of a dangerous communicable disease. If a prostitute is named as the source of a venereal disease infection she should be followed up and examined with the same tact and efficiency that any other citizen expects if reported as a possible source of any other kind of infection. And she should be persuaded, if possible, but compelled if necessary, when found infectious, to refrain from exposing others. In other words prostitutes with syphilis or gonorrhea should be treated by health officers no better and no worse than their diseased customers—as patients harboring dangerous infections which for their own sakes and the public welfare should receive the best medical care possible.

## NEXT STEPS IN STAMPING OUT CONGENITAL SYPHILIS

MARY S. EDWARDS

*Statistician, American Social Hygiene Association*

Barely two decades have passed by since the general realization that congenital syphilis could be prevented by timely and adequate treatment of a syphilitic mother during pregnancy. Concerted action on the part of the medical profession and public health authorities, coupled with an outpouring of educational materials for the public, have probably brought about a constantly if slowly decreasing number of babies infected with syphilis before birth. Some statistical evidence exists to support this point, although records on a wide-spread scale are far from conclusive.

Even with some reduction in the rate of congenital syphilis, however, present figures indicate far too many syphilitic prenatal cases slipping through to term with no examination for syphilis made, and no treatment given. Further check of case records shows little evidence of follow-up of treated cases after delivery, with examination of the newborn baby and treatment if found syphilitic, and continued treatment of the mother after birth of the baby to insure her complete cure.

With the general purpose that the administration of the new prenatal laws be zealously followed in their several states and that means be provided for the collection of adequate statistical data to furnish a base on which to measure their effectiveness, a series of informal conferences has been initiated by The American Social Hygiene Association. In these, representatives of the Children's Bureau, various State Boards of Health, and other voluntary societies, especially the National Society for the Prevention of Blindness, have participated from time to time. Theory and practice have been under discussion and as a result a

series of practical "next steps" are suggested for consideration, in order finally to eradicate congenital syphilis.

First, a word of what is happening in the states.

In two of the three pioneer states, New Jersey and New York (Rhode Island is the third, for which no data is at hand), which passed laws requiring that every pregnant woman be given a blood test for syphilis, very interesting data have been collected concerning the first period of operation under the laws.

In New Jersey (law in effect January 1, 1939), it is estimated by the State Health Department that tests for syphilis have been made on at least half or about 22,000 of the women having babies during the first nine months of the year 1939. Blood samples at approved laboratories were not always identified completely enough, so that prenatal cases might be considered separately. However, about 20,000 tests were so distinguishable and of these 1.4 per cent were positive (0.6 per cent on white women and 7.0 per cent, Negro). A further tabulation was made of information on birth certificates concerning the time during pregnancy when the test was made, this data being required by law. Among 4,168 births occurring in September 1939, for example, it was found that the test had been made prior to the fifth month of pregnancy in 32 per cent of cases; during the fifth month, 12 per cent; sixth month, 12 per cent; seventh month, 9 per cent; eighth month, 8 per cent; at or near time of birth, 16 per cent. In 8 per cent, month not stated. In 3 per cent the test was not made.

By a questionnaire sent (about three months after test reported positive) to physicians who mailed in positive samples of blood labelled "prenatal" to state approved laboratories, other pertinent information was collected about these women and their babies. Only 16 per cent of the women admitted they knew they were infected, and 14 per cent said they had had *previous* treatment. In 65 per cent of cases treatment was given *after* the prenatal test was given. Physicians expressed universal approval of the law. A second questionnaire is about to be put in use by the New Jersey State Department of Health, to be mailed to physicians by the time the baby has been born. This will inquire about the newborn baby,—date of birth, whether a blood test was made on the baby and the result, whether anti-syphilitic treatment is being administered to

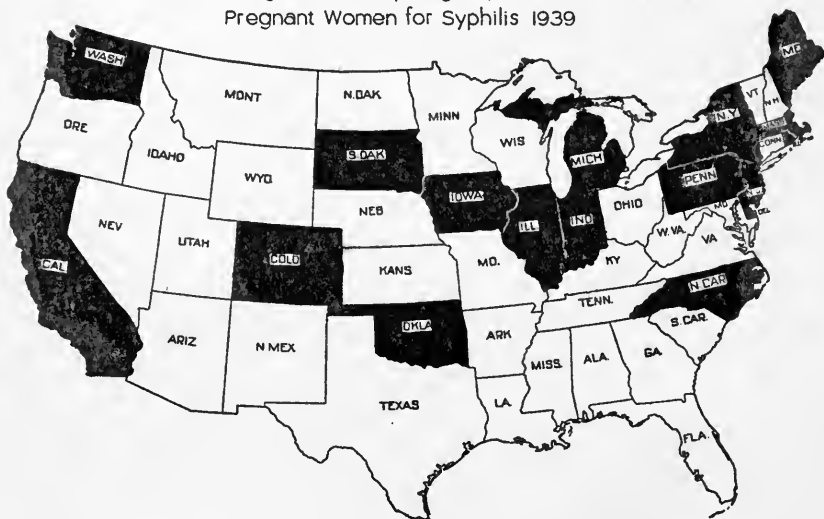
mother and child, and if treatment is not being given, whether the physician recommends follow-up by local or state health Department.

Tabulation of available facts in upstate New York (law in effect March 2, 1938) may be compared with the New Jersey experience. On one month's birth certificates, records showed that 24 per cent of blood tests were made prior to the fifth month; fifth month, 8 per cent; sixth month, 8 per cent; seventh month, 9 per cent; eighth month, 8.5 per cent; at or near time of birth, 33 per cent. In 3.5 per cent, month not stated. In 5 per cent no test was made. No answer was given to question relating to blood test in 1.4 per cent of instances. Information was separated between births in private dwellings and births in hospitals. Relating to cases where no test was made, the hospitals showed only 2 per cent in this classification, private dwellings, 14 per cent. In urban areas tests were not made or no information regarding a test furnished in 4.8 per cent of cases; in rural areas, no test or no information in 8.2 per cent.

Seventeen states had, by the end of 1939, adopted laws requiring physicians or midwives in attendance upon pregnant women to take or cause to be taken promptly specimens of blood of every such woman for submission to approved laboratories for syphilis testing. (Figure 1). There is good reason to believe that many

### PROTECTING BABIES FROM SYPHILIS

Status of Legislation Requiring Physicians to Examine  
Pregnant Women for Syphilis 1939



Seventeen states now have such laws. In Connecticut, Maryland, and Ohio, similar legislation was introduced in 1939, but failed to pass.

Map by  
The American Social Hygiene  
Association

September 1, 1939



other states are considering similar laws or amendments to existing legislation at their next legislative sessions.\*

The form of law enacted in most of the states is very similar, and seems to work out satisfactorily in practice.

In at least 10 states the laws specifically state that the birth certificate shall not record the result of the test, only the fact that the test has been taken with the date. Authorities feel this is a wise precaution, since birth certificates are available for later public inspection and use.

After diagnosis of the case by examination and blood test, the most important problem is follow-up to ensure adequate care. What aid to this end can be obtained from the prenatal examination records?

The prenatal examination laws generally require that the blood sample shall be taken on the first visit (or soon after) of the pregnant woman to the physician, and that the test shall be made in an approved laboratory. Some states further require in the prenatal or other statute that all positive blood tests be reported by approved laboratories to a designated health authority. In order that there may be a special opportunity to check on prenatal cases, it might be well to require as an additional item that the doctor record on the form accompanying the blood sample the fact of pregnancy, if present. The laboratory should then routinely notify the health department of all positive tests in prenatal cases.

In practice, this seems to be the easiest and most efficient way of getting necessary information into the hands of the authorities for confidential follow-up procedures. New York State allows this process through its reporting law. California makes provision for reporting of prenatal tests to the state by laboratories on a special confidential "Prenatal Test Laboratory Report Form". Maine requires that physicians' reports of positive cases, even when the name is not given, identify by the word "prenatal" all reports of this type. These are kept in a separate confidential file by the state health department.

In states in which case reports are made only by number, it is of value to segregate prenatal cases for subsequent follow-up through contact with the physician who has under his care the infected pregnant woman.

Tentatively, five next steps are suggested for promotion in every state and city:

1. All positive blood tests made in approved laboratories to be reported to the State Board of Health, or other appropriate authority, giving preferably name and address of person, sex, and other pertinent information.

\* In session in 1940, Kentucky, *Louisiana*, *Minnesota*, *Massachusetts*, *New Jersey*, *New York*, *Rhode Island*, *South Carolina*, *Virginia*. (Italics indicate state does not have prenatal blood test requirement.)

2. An answer to the question, if the person examined is of the female sex, "Is the woman pregnant?" This question is recommended to appear on every venereal disease report form of any type, whether intended for use by laboratory, private physician, clinic, or other institution.

Steps 1 and 2 can be instituted through the reporting law or regulation, or prenatal law, or both, or perhaps simply by adding an additional question to existing state report forms.

3. Earlier prenatal care to be promoted, for the general health of woman and unborn child, but in this connection particularly to secure early examination and blood test of woman in order to institute treatment if needed, in time to prevent infection of the baby with syphilis before birth.

4. Especial emphasis on the reporting of syphilitic pregnant women enables efficient follow-up, which should then ascertain the month of pregnancy and to assure treatment. Upon birth of the child a proper examination should be made, followed by treatment of the child if necessary, and further treatment of the woman. The latter is essential for the sake of the woman, and because of subsequent pregnancies.

5. Provision to be made by states and cities for proper collection and tabulation and use of records concerning prenatal cases,—month of pregnancy at which woman first came for treatment, whether test made, result of test, amount and type of treatment, and result of pregnancy, subsequent follow-up of mother and child. Efficient records are part of effective administration, and the facts thus collected are an incentive both to the public and to officials serving the public.

The group conferring on these problems were of the opinion that special attention to the proposals made above would produce good results in the shape of more efficient administration of prenatal examination laws with a consequent decrease in congenital syphilis.

## A FEW SUGGESTIONS FOR YOUR CLUB'S SOCIAL HYGIENE DAY MEETING PROGRAM

**The subject:** The disease syphilis, "king of killers"; what it is, how it can be prevented, how cured.

**The speakers:** Call on your local Social Hygiene Society or Committee, the President of your County Medical Society, your Health Officer, or the dean of your local medical school for help in obtaining speakers to address your meeting. They are as eager as you are that the public should have accurate information about syphilis and the syphilis control program, and they will help you if they can.

Your Health Officer can tell you what is being done in your community to find and treat the disease syphilis and prevent its spread. A doctor or nurse from a local venereal disease clinic can give you interesting information about treatment and case-finding. Your County Medical Society may have a special Committee on Syphilis Control; you will want to hear about their activities. The public health is a matter of vital concern to all of us. Your group will be deeply interested in learning how it is guarded.

Another speaker might be a member of your own group presenting one of the prepared talks contained in the kit or giving a book review prepared from some authoritative work like Doctor Thomas Parran's "Shadow on the Land." Your public library will be able to help you choose a volume for review.

**Films:** A film makes an interesting program item. Consult "Your Guide to Social Hygiene Day Materials" for information about the American Social Hygiene Association's new sound film *With These Weapons* and the popular strip films *For All Our Sakes* and *Enemy of Youth*. Perhaps your local Health Department owns one or more of these films, which may be borrowed for your meeting. If not, they may be rented at small cost from the American Social Hygiene Association.

**Syphilis Quiz:** If your group is a small one, follow a talk on syphilis ("Fighting the Pale Spirochete", one of the prepared talks in the kit or a similar discussion of the cause, treatment, and prevention of the disease) with a "question and answer" game such as appears in the 1940 edition of the *Herald of Social Hygiene*. Give the members of your audience a copy of the *Herald* and a pencil, and let them test out their knowledge of syphilis for themselves. If they can answer correctly the ten questions contained in this quiz, they are well-informed about this serious disease. And whether your meeting is large or small, call on us for copies of the *Herald of Social Hygiene* to distribute to the audience. It contains much interesting information in addition to the syphilis quiz.

**Exhibits:** A display of social hygiene posters and other educational materials will make an interesting exhibit for your meeting place. Consult "Your Guide to Social Hygiene Day Materials" for American Social Hygiene Association exhibits. Ask your State Health Department about its visual education materials available for your use. If you live in a city of some size, you may find that your City Health Department can supply you with posters and other display items.

**Publicity:** Read the pressbook contained in the Social Hygiene Day kit for helpful suggestions as to how to get full publicity for your meeting. A newspaper account of your program will give wide distribution to information about syphilis and the control program.

**Radio:** If you can arrange with the manager of your local radio station to sponsor a Social Hygiene Day broadcast, you will be able to bring information about syphilis to a very large audience. One of the prepared talks contained in the kit could be used for this purpose.

**Social Hygiene Sunday:** The churches of your town can give invaluable assistance to the campaign for better public information about syphilis. A sermon on the movement to free America from this disease, scheduled for the Sunday preceding Social Hygiene Day (January 28, 1940), will give your community program a splendid start. February meetings of church clubs—men's, women's, young people's—offer another opportunity for programs to promote public understanding of the problem. Syphilis is a threat to youth and a breaker of homes. The church will wish to do its share in the fight against this enemy.

**In conclusion:** Remember that social hygiene means more than syphilis control. A Social Hygiene Day meeting devoted to a discussion of the important matters of sex education in the home and the school, training for marriage and family life, or protective measures for the guarding of young people, would constitute an eminently suitable observance of the day. All these aspects of the broad social hygiene program are vital to the future of the nation.

# WITH THESE WEAPONS

## A NEW TALKING MOTION PICTURE ON SYPHILIS

*Presented by:* The National Anti-Syphilis Committee of the  
American Social Hygiene Association.

**Title:**

**"WITH THESE  
WEAPONS"**

**Scene 1.**

*Fritz Schaudinn at his  
microscope.*

In nineteen hundred and five, a scientist, Fritz Schaudinn, made one of the most important medical discoveries of the century. He discovered

**Scene 2.**

*The germ, spirochaeta  
pallida.*

the spirochaeta pallida, the germ of syphilis—syphilis the greatest plague of modern times.

**Scene 3.**

*Schaudinn and his  
assistant.*

The positive identification of the syphilis germ was the first great step toward conquest of this devastating disease.

**Scene 4.**

*Wassermann at work.*

As a mason builds a house stone on stone, so science builds knowledge on knowledge, bit by bit. Only a year after the discovery of the syphilis germ

**Scene 5.**

*Wassermann at work.*

Bordet and Wassermann developed and gave the world the first blood test for syphilis. Syphilis could be diagnosed.

**Scene 6.**

*Ehrlich in his  
laboratory.*

Then, four years later, in nineteen ten, Paul Ehrlich, in his six hundred and sixth experiment, produced salvarsan, now called arsphenamine.

**Scene 7.**

*Ehrlich in his  
laboratory.*

This drug, when injected into the body, kills the syphilis germ.

**Scene 8.**

*Ehrlich's formula for  
salvarsan.*

Ehrlich's brilliant success crowned the achievements of Schaudinn, Bordet and Wassermann: Syphilis could be cured.

## Scene 9.

*A modern scientist.*

But medical science, never satisfied, marched on. Treatment was further improved.

## Scene 10.

*Another scientist in a large laboratory.*

In 1922 Levaditi found that bismuth aids in the cure of syphilis. Hundreds of other scientists added to medical knowledge

## Scene 11.

*Closeup of ampules of arsphenamine and bismuth.*

Until, today, the diagnosis and treatment of syphilis are efficient procedures known to physicians everywhere.

## Scene 12.

**Title: TODAY SYPHILIS CAN BE CURED OR ARRESTED AND MADE NON-INFECTIOUS.**

## Scene 13.

*Animated chart showing the prevalence of leading diseases.*

In spite of the fact that a cure for syphilis has been known for 30 years, syphilis today is one of the most prevalent of serious diseases—a leading cause of sickness and death.

## Scene 14.

*Street crowded with people.*

In America more than six million people have syphilis—one in twenty.

## Scene 15.

*The feet of many people.*

There are a million new cases every year. Why? Certainly its terrible work

## Scene 16.

*Baby being examined by doctor.*

can be seen everywhere. Syphilis strikes infants—kills thousands.

## Scene 17.

*Blind girl reading Braille.*

When it does not kill, it may cause blindness, deafness, insanity or deformity.

## Scene 18.

*Doctor with stethoscope examining patient.*

In adults, syphilis is a leading cause of heart disease.

## Scene 19.

*Man in wheel chair.*

It strikes men and women in the prime of life, makes many helpless invalids.

## Scene 20.

*View of an insane asylum.*

Its victims help fill the every-expanding institutions for the insane.

Scene 21.  
*House for sale.*

It breaks up homes—causes many divorces.

Scene 22.  
*Soldiers in battle.*

Wars—syphilis kills more than wars—

Scene 23.  
*Fire in a hotel.*

Fires—syphilis costs more than fires, floods or famines. Why?

Scene 24.  
*View of a flood.*

Scene 25.  
*Gateway of country  
doctor's home.*

Why, when physicians everywhere can diagnose and treat syphilis do we

Scene 26.  
*Microphotograph of  
the spirochaeta  
pallida.*

permit this pale spiral germ to continue its devastation? The answer is ignorance! Ignorance is the greatest ally of syphilis.

Scene 27.  
*View of Park Avenue  
apartment entrance.*

The rich are penalized by lack of knowledge as well as

Scene 28.  
*View of slum street.*

the poor—both suffer because they have not learned

Scene 29.  
*Closeup of ampules  
of arsphenamine  
and bismuth.*

the simple hopeful truth about syphilis, that it can be cured, and its spread can be prevented.

Scene 30.  
*Newspapers coming  
out of press.*

Fortunately, times are changing—newspapers are aiding the campaign against ignorance.

Scene 31.  
*Speaker talking into  
microphone.*

The radio is presenting the facts to millions—

Scene 32.  
*Hand distributing a  
pamphlet.*

Literature is being distributed and read—

Scene 33.  
*Speaker on platform.*

Speakers are instructing thousands so that they will be able

Scene 34.  
*Audience listening.*

to protect themselves and others from syphilis.

## Scene 35.

**Title: "A WIDE-SPREAD KNOWLEDGE OF THE FACTS OF SYPHILIS IS THE NATION'S HOPE OF WIPING OUT THIS INSIDIOUS DISEASE."**

## Scene 36.

*Young man entering doctor's office.*

Anyone who thinks he has syphilis should go at once to a physician because only a physician can diagnose syphilis.

## Scene 37.

*Doctor at desk with patient.*

Early symptoms are sometimes so slight that they may pass unnoticed.

## Scene 38.

*Patient answers doctor's questions.*

The disease develops insidiously—years sometimes elapse before it makes itself known.

## Scene 39.

*Patient's history sheet.*

A knowledge of the patient's history is the first step in diagnosis.

## Scene 40.

*Patient and doctor in doctor's examination room.  
(longshot to close-up to longshot)*

Then follows a thorough physical examination. If sores are found, as is often the case in early syphilis,

## Scene 41.

*Doctor in front of microscope.*

a Darkfield microscope is used to determine whether or not the germs are present.

## Scene 42.

*Doctor taking blood from patient's arm.*

An essential part of any examination for syphilis is a blood test.

## Scene 43.

*Emptying blood into sterile tube.*

The doctor takes a sample of the patient's blood, seals it in a sterile tube, and sends it to a laboratory.

## Scene 44.

*Girl inspecting tubes.*

There the delicate and complicated test is applied. The results are checked and then recorded on individual cards.

## Scene 45.

*Girl writing result of test.*

Only a physician can interpret the results of the tests.

## Scene 46.

*Girl writing result of test.*

When syphilis is found, treatment must begin at once.





## THE STORY OF SYPHILIS

*A talking motion picture film presented  
by the National Anti-Syphilis Committee of  
the American Social Hygiene Association.*

The opening scenes show vividly the first steps toward the conquest of syphilis taken by scientists Schaudinn, Wassermann and Ehrlich. The picture continues with the work of today's scientists as they perfect the principles of diagnosis and treatment. It carries out its graphic presentation through animated diagrams to indicate the prevalence of the disease. David Ross of the Columbia Broadcasting System is the commentator, and running time is eleven minutes. The film has been prepared for use by schools, colleges, state and local health departments, women's clubs, social hygiene societies and other interested organizations. It is suitable for almost any audience, and is especially recommended for young people.

WITH THESE WEAPONS is available for purchase by responsible and recognized health, welfare and educational agencies for non-commercial showings, at a cost of \$50.00 for the 16 mm. film, and \$75.00 for the 35 mm. film. Rental per day is \$5.00. The film will be sent to such agencies on three days approval. Please address requests to

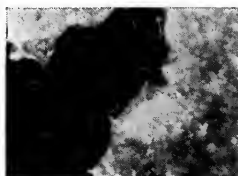
**THE AMERICAN SOCIAL HYGIENE ASSOCIATION**

50 West 50th Street  
New York, N. Y.

## SCENES FROM THE FILM



In 1905 Fritz Schaudinn (played by Scott Moore) discovers the germ which causes syphilis.



The germ, *spirocheta pallida*, which Schaudinn saw through his microscope.



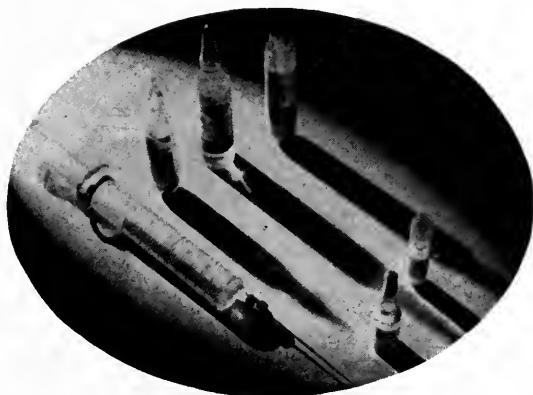
In the year following, Jacob Wassermann (played by Marshall Bradford) perfects the blood test for syphilis.



In 1910 Paul Ehrlich (played by Al Raymond), in his 606th experiment, discovers salvarsan, which cures syphilis.

## WITH THESE WEAPONS

The patient takes the first step toward his cure. He consults a qualified physician.



Some of the weapons used against syphilis.

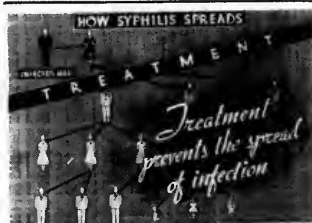
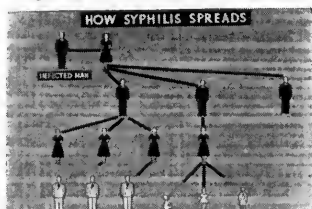
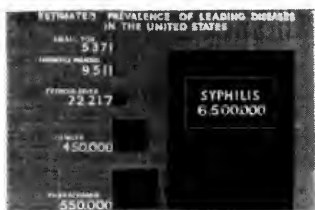
Physician and patient together fight a winning battle against syphilis.



Scenes from modern hospitals and clinics.



The voice in the film is that of David Ross, well known Columbia Broadcasting System commentator, who tells the story of the thirty-five year war against syphilis.



Some of the maps and diagrams which appear in the film to emphasize and summarize the high lights of the problem.

## Scene 47.

Doctor's examination  
room.

Early treatment is the patient's great hope of recovery. Cases discovered in the early stages can usually be made non-infectious and completely cured. Even in neglected cases the disease can often be arrested and suffering relieved.

## Scene 48.

Doctor opening ars-  
phenamine ampule.

Modern treatment usually consists of injections of some form of arsphenamine and bismuth which can be taken without

## Scene 49.

Doctor dissolving ars-  
phenamine in water.

interfering with the patient's daily work.

## Scene 50.

Doctor filling  
hypodermic.

Treatment must

## Scene 51.

Doctor about to give  
injection.

be taken *regularly* and *persistently*. Injections over a period of a year or longer may be required for permanent results.

## Scene 52.

Doctor and patient.

The patient must also follow the doctor's orders

## Scene 53.

Patient.

as to food, proper rest and particularly his precautions for protecting the health of others.

## Scene 54.

Chart showing how  
syphilis spreads.

For syphilis is a catching disease, especially in its early stage. Transmitted nearly always by close body contact it spreads from man to woman, from woman to man.

## Scene 55.

Crowd of people.

From husband to wife and often from mother to unborn child, as it claims its million victims a year.

Because any syphilis infection is always linked to one or more others.

## Scene 56.

Doctor and patient.

Doctor and patient must cooperate to bring under medical care

## Scene 57.

Chart.

the person who is spreading infections, for treatment makes syphilis non-infectious. The treatment of a single case may prevent the suffering, disability and perhaps the death of no one knows how many others.

## Scene 58.

Title: SYPHILIS CAN BE CONQUERED.

## Scene 59.

*Doctor taking blood sample.*

With the medical profession as the spearhead of the attack, the fight against syphilis is well begun.

## Scene 60.

*Doctor examining patient's eyes.*

Physicians are more alert than ever to discover and treat infections in all persons under their care.

## Scene 61.

*Clinic corridor.*

Free clinics, hospitals and Health Departments provide medical care for those

## Scene 62.

*Clinic corridor.*

who can afford to pay only small fees or nothing at all.

## Scene 63.

*Nurse and patient.*

Health agencies contribute by helping to trace infections,

## Scene 64.

*Nurse and patient.*

and by teaching syphilis victims how to prevent the spread of infection.

## Scene 65.

*Map of U. S.*

Many states now require that every expectant mother be examined and her blood tested for syphilis. A most important step—

## Scene 66.

*Delivery room in hospital.*

for it is one of the miracles of medicine that modern treatment prevents the transmission of syphilis from mother to unborn child.

## Scene 67.

*Map of U. S.*

An increasing number of states require that before marriage both bride and groom have an examination including a blood test for syphilis.

## Scene 68.

*Legislative body.*

And similar laws are being pushed in other states, for government has found that millions now spent for the support of institutions for victims of syphilis, can be saved.

## Scene 69.

*Institution for insane.*

## Scene 70.

*Industrial plant.*

Industry too is beginning to realize that war against syphilis is tremendously important.

## Scene 71.

*Line of men.*

Compensation costs, costly accidents and labor turnover—often chargeable to syphilis—

## Scene 72.

*Industrial plant.*

can be reduced, and so many industries are encouraging infected employees to secure treatment. But the work has only begun.

## Scene 73.

*Capitol dome.*

There is much to do. Government and citizens have a tremendous task ahead.

## Scene 74.

*Instructor at  
blackboard.*

Schools have a responsibility to teach youth the ways of health.

## Scene 75.

*College students on  
campus.*

For 75% of all syphilis is contracted before the age of 30.

## Scene 76.

*Pastor preaching.*

Churches can do much by instilling high ideals.

## Scene 77.

*Family group.*

Parents can guide, protect and instruct growing children.

## Scene 78.

*Playground.*

Communities can provide facilities for wholesome play.

## Scene 79.

*Police station.*

And communities, too, must enforce laws which protect youth from degrading conditions.

## Scene 80.

*Montage of Schau-  
dinn, Wassermann  
and Ehrlich.*

Yes—there is much to be done. But, thanks to medical science, thanks to

## Scene 81.

*Montage continued.*

research workers, physicians and public health leaders,

all of the weapons for a successful war against syphilis are at hand. Syphilis can be diagnosed. It can be made non-infectious. It can be cured.

## Scene 82.

*Microphotograph of  
spirochaeta  
pallida.*

Only one more thing is needed to defeat the germs of syphilis—knowledge of the facts by every man and woman.

## Scene 83.

*Ampules of ars-  
phenamine and  
bismuth.*

With widespread knowledge, and with these weapons, America can conquer syphilis in one generation.

*Title: The End.*

*(Music comes up to a dramatic ending.)*

## AMERICAN BUSINESS LEADERS ENDORSE ANTI-SYPHILIS WORK

Outstanding names in American business have been signed to letters of appeal for funds with which to make the wheels of the National Anti-Syphilis Campaign go 'round. In Wilmington, Lammot du Pont, Jr., affixed his signature to a letter asking money to lower the incidence of the venereal diseases. In Rochester, it was F. W. Lovejoy, president of the Eastman Kodak Co.; in Rhode Island, Henry D. Sharpe, president of the Brown & Sharpe Mfg. Co., largest employer in the smallest state. In Buffalo, it was Lewis G. Harriman, president of the Manufacturers and Trades Trust Co.; in Syracuse, W. L. Hinds of Crouse-Hinds Co.; in New Orleans, Edgar B. Stern, cotton merchant. The list is longer and lengthening monthly.

"Gradually, with the help of men like these and with the excellent sponsorship of nearly 1,200 national, state and city committeemen, the number of givers to the voluntary campaign of education is growing," said Donald C. Dougherty, campaign manager. "In 1939 the number of givers increased 38 per cent over 1938. Every month in 1939 showed more contributors than the corresponding month of the previous year."

Cities in which the improvement was most marked were Cincinnati, Dayton, Detroit, New Orleans, Rochester, San Francisco and Wilmington. Some gains were recorded in Baltimore, Nashville, Providence, Reading, St. Louis and Syracuse. Among the larger cities, New York and Cleveland are the leaders. Greenwich, Conn.; Oberlin, Ohio; and Glenmore, Nevada stand out among the smaller communities.

Corporations that have shown liberality include such well known companies as Liggett & Myers Tobacco, General Motors, Chrysler Motors, United Fruit, Eastman Kodak, Anheuser-Busch, Beech-Nut and Westinghouse. Over 400 businesses have given amounts ranging from \$5 to \$5,000—for many businesses have grown to appreciate that "Syphilis Is Bad Business."



For 1940 a budget of \$220,000 has been approved, and about \$195,000 of that sum has to be raised. As the American Social Hygiene Association, which directs the national voluntary campaign, is without financial reserves and endowment, it is urgent that funds for 1940 be gotten in hand early in the year. Planning of an adequate character cannot be done with the prospect of sudden curtailment of strategic activities in the "8-point program." Business has its seasons; but the spirochete is at work 365 days and nights each year, attacking one in twenty of the population.

This is the time when \$100 spent against the spirochete will save \$900 later on—if plain economy were the only factor involved. But economy is not the only factor—human misery, safety, health of the nation are more compelling factors to convince us that now more than ever we must guard against syphilis.

The address to which to send contributions is

American Social Hygiene Association  
50 West 50th Street, New York

Whether you give \$1 or \$100, it all will go into the work against syphilis. No one gets a commission or "a cut" of any kind. A check now will help most.

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"The purpose of an educational program should be not to excite curiosity, but to allay it," according to Dr. Edward L. Keyes, Honorary President of the American Social Hygiene Association and Professor Emeritus of Urology at Cornell Medical School. In his address, "What Social Hygiene Means to Me," at the Department of Health on December 20, Dr. Keyes said:

"An educational program should teach that syphilis is not a scourge of God but an infectious disease. It should teach the need to suspect unacknowledged or unsuspected syphilis in the pregnant woman and in all candidates for matrimony. It should teach that Wassermanns, like finger prints, do more good than harm. It should emphasize the cure of the disease, yet take into account the insatiable curiosity and invincible ignorance of some of our citizens."

## THE PHARMACIST'S ROLE IN COMBATTING SYPHILIS

PAULINE F. GEFFEN

One of the most powerful allies in the fight against venereal diseases is the pharmacist. It is to him that the man in the street usually comes first for remedies. Often these may have been recommended by a friend, or they may have been chosen by the patient himself from advertisements. Lacking in medical knowledge and unaware of the seriousness of his ailment, the patient does not realize that his chances for proper treatment and cure might be seriously injured if the pharmacist should yield to his demands. Occasionally the remedies may be recommended by a clerk who is eager to make a sale and who unwittingly is taking advantage of the misery and bewilderment of the sick.

It is this state of affairs which impedes the battle against syphilis and gonorrhea, and it is in remedying this situation that the pharmacist holds a key position. When the uninformed patient comes to him and orders some nostrum to "clear up a rash," or to treat some other condition, the conscientious druggist is on the alert. Rather than aggravate the misery of the individual and permit him to continue as a menace to public health by selling him mere palliatives or drugs not specifically prescribed, the pharmacist assumes the rôle of guide and mentor. With his prospective customer he talks the matter over sanely and tactfully. Sore throat, rash, pain in the bones or other symptoms may be described. But such symptoms which the sufferer indicates may be misleading and the pharmacist knows he is not qualified to make a diagnosis. Nor does the reputable pharmacist prescribe but rather urges the would-be purchaser to have an examination by a good physician. If the applicant for advice or drugs has the means to pay for private care, a visit to his or her private physician is suggested. If, on the other hand, the patient cannot afford private care, the pharmacist refers him to a neighborhood clinic or the department of health.

Moreover the patient is told that a diagnosis of syphilis cannot be made on superficial evidence. It requires a skilful examination by a qualified physician. Aided by the darkfield microscope, blood tests and a detailed history, the doctor can establish the presence or absence of the disease. Obviously the pharmacist or the patient have neither the training, skill nor apparatus required to make a diagnosis of this kind.

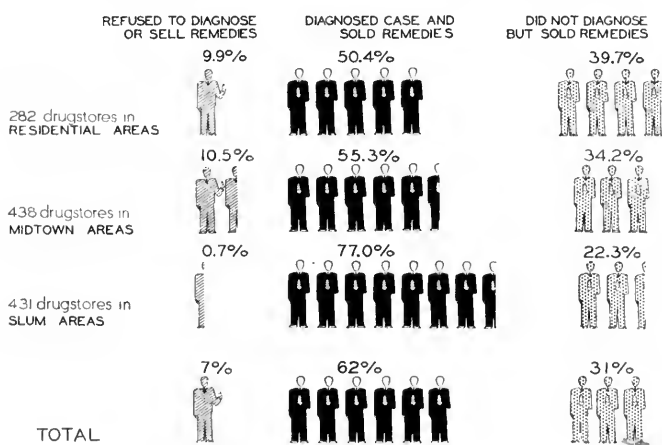
There are seven principal contributions which the pharmacist and his assistants can make in their efforts to help the agencies which are working to stamp out syphilis and gonorrhea. Some of these

contributions are negative, in that they consist in avoidance of certain practices. The rest are the result of positive activity. Briefly summarized, the seven contributions require that:

1. The pharmacist should make no diagnosis.
2. The pharmacist should not prescribe for patients.
3. The pharmacist should not refer patients to a physician.
4. The pharmacist should not sell "patent medicines" and thus encourage self-medication.
5. The pharmacist should distribute literature of an informational nature regarding syphilis and gonorrhea. Such material he usually can obtain from health departments.
6. The pharmacist should seek the cooperation of the pharmaceutical society and also cooperate with it in promoting high professional standards.
7. The pharmacist also can aid materially in other ways. Among these he can provide reliable information regarding the value and limitations of accepted prophylactics used under approved conditions.

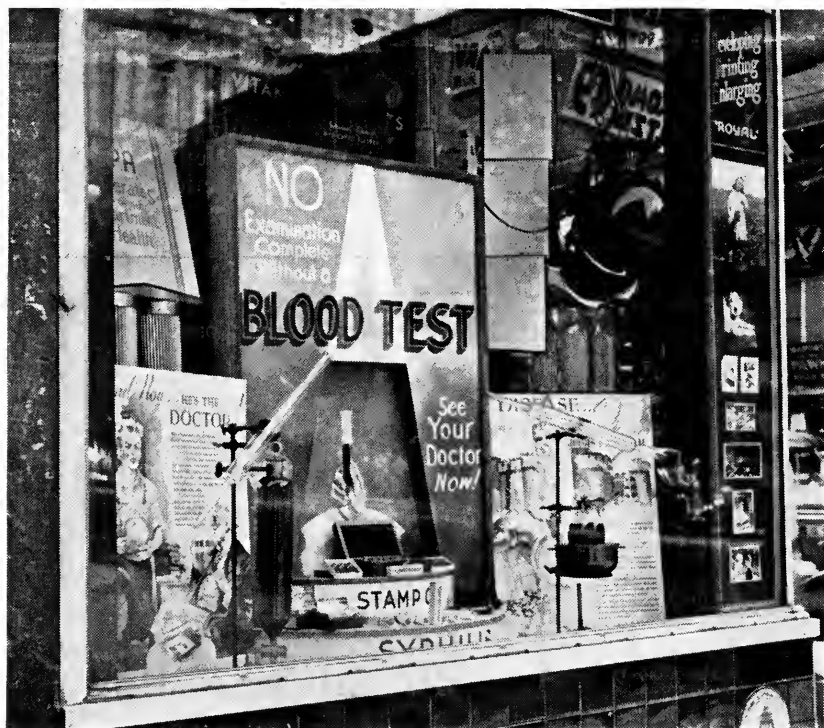
### HOW DRUGSTORES MET CUSTOMERS

WITH SYMPTOMS SUGGESTIVE OF SYPHILIS AND GONORRHEA



Many pharmacists have furthered the intelligent treatment of syphilis and gonorrhea by bringing the facts openly to the attention of the public. In their store windows they have displayed posters and informative material supplied by the Board of Health and the American Social Hygiene Association. They have stressed in these displays the urgent need for immediate medical examination and the fact that modern treatment can render these diseases non-infectious, can cure most cases and alleviate suffering in all cases.

One of the most successful anti-syphilis campaigns aided in this manner by the pharmacists in cooperation with other social agencies, was waged in Staten Island, New York, in 1937-1939. Sponsored by the Department of Health and the Committee on Neighborhood Health, the Project obtained the willing cooperation of the County Medical Society, the Police Department and various welfare agencies. Churches, schools, physicians, newspapers enlisted in the campaign. The Island, which numbers 176,000 inhabitants, was placarded with posters designed to inform the public as to the nature and treatment



THIS MANHATTAN DRUGSTORE IS AIDING THE ANTI-SYPHILIS CAMPAIGN BY ARRANGING INFORMATIVE DISPLAYS IN ITS SHOW WINDOW.

of syphilis and gonorrhea. At first the attitude of the general population toward discussion of these diseases was one of shyness and unwillingness to participate. But gradually these feelings of reserve were dissipated and replaced by a wholesome frankness. Thus education proved to be a most important function of the Project, and one which was ably furthered by the pharmacists.

A large number of drugstores cooperated by featuring anti-syphilis posters and displays in their show windows. They sent customers who inquired about syphilis and gonorrhea to physicians or to the Health Department. In addition, the Staten Island Pharmaceutical

Association endorsed the Project and provided a list of druggists who would be willing to use window displays.

According to a report made at the close of the Project, a total of 177 cases were under treatment at the beginning of the campaign. During the course of the Project, 560 new cases were admitted, and at its close 442 remained under treatment. The same period marked the termination of 295 cases, of which 95 were cured, 50 were transferred to private physicians and 76 were assigned to other clinics.

In the District of Columbia the pharmacists are notably aware of their duties in regard to venereal disease. Each year the Social Hygiene Society of the District of Columbia makes a survey of 20 to 25 per cent of the local drugstores to ascertain how well they are observing the regulations relative to counter-prescribing and the sale of nostrums for the treatment of syphilis and gonorrhea. It was found that among the 100 pharmacies studied in 1939, none would have any dealings with syphilis and only fifteen with gonorrhea. The great majority of pharmacists urged the customer to "visit a reliable physician immediately."

As for sulfanilamide, according to Ray H. Everett, executive secretary of the Social Hygiene Society of the District of Columbia, only one of the 100 was willing to sell it without a prescription, and virtually every pharmacist urged the patient not to attempt self-treatment with this drug. Several pharmacists made the point that "Only quacks will try to sell you 'self-cures' for these two diseases."

Thus the District of Columbia would appear to be singularly fortunate in the calibre of its druggists. The great majority are in the ethical class as far as their handling of the venereal disease situation is concerned.

Even from distant Hawaii the Board of Health reports that the druggist group "so far have cooperated splendidly in the educational campaign to stamp out syphilis and gonorrhea by window displays."

Numerous drugstores in the Harlem District of New York City have engaged actively in the fight against syphilis by exhibiting window displays that stress the prevention of congenital syphilis and the treatment of the disease. Another such exhibit was featured in Forest Hills, Long Island. All of these shops distributed literature printed in various languages, including Spanish and Italian. The captions on the window displays were similarly adapted to the linguistic trends of the neighborhood.

Such posters are supplied by the Bureau of Social Hygiene of the Department of Health and by the American Social Hygiene Association. They include special counter cards for drug stores and special literature for drug store distribution to supplement the window exhibit. The messages on the displays vary, but

each emphasizes one or more of the main facts regarding the venereal diseases:

1. That syphilis and gonorrhea are communicable diseases.
2. That these diseases are preventable.
3. That early diagnosis and treatment are highly important.
4. That continuous treatment from a physician is necessary.
5. That reliable treatment may be obtained by all, regardless of financial status.
6. That danger lies in disregarding medical advice.
7. That periodic health examinations and blood tests following completion of treatment are important to insure continued good health.

COUNTER CARD PRODUCED BY THE AMERICAN SOCIAL HYGIENE ASSOCIATION AND WIDELY USED BY DRUGGISTS.

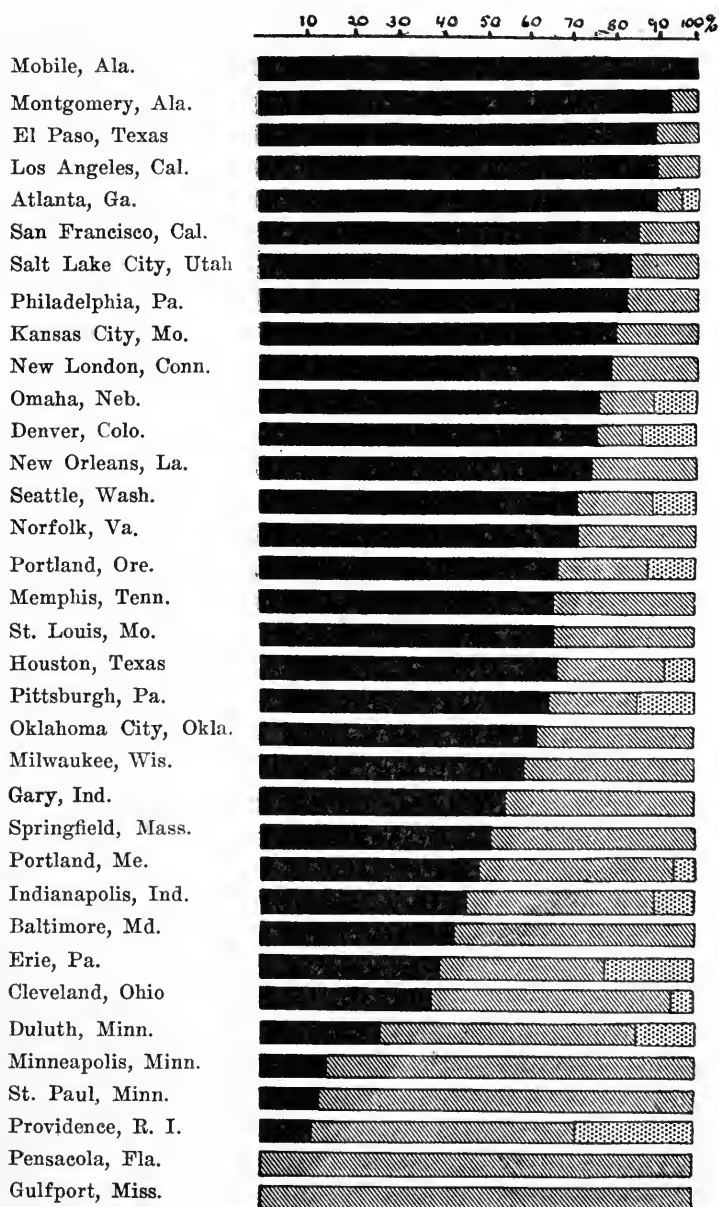


The cut-out is printed on strong white card-board, in red and black, 14 inches high, with easel back.

*Copies may be obtained for 50 cents per dozen, \$2.50 per hundred, and \$25.00 per thousand. Cost of imprinting the name of the firm on 50 copies or less, \$2.00 extra; 51-100, \$2.50; and 50 cents for each additional hundred.*

In addition to help received from the pharmacists in their shops, the anti-syphilis campaign has received sympathetic support from pharmaceutical publications. Many columns are devoted each year to its progress and plans in the various drug journals of the country.

Unfortunately such cooperation in behalf of the public health and welfare is not yet as widespread as might be desired. It is known that about thirty common preparations, alleged to be cures for "venereal diseases" are being sold over some drug counters. These nostrums usually are taken without the advice of a physician and cannot possibly effect a cure or protect the general public from

HOW DRUGSTORES MET INQUIRIES AS TO REMEDIES  
(By Cities, 1939)

DIAGNOSED CASE AND OFFERED TO SELL REMEDIES  
 DID NOT DIAGNOSE BUT SOLD REMEDIES  
 REFUSED TO DIAGNOSE OR SELL REMEDIES

the dangers of infection. The cure for syphilis involves a rigorous and systematic treatment over a long period of time which can be given only by a physician. No other treatment is safe and effective. Intravenous and intramuscular injections of arsphenamine and bismuth, administered weekly or oftener, constitute the usual treatment. Taken without the supervision of a physician, these drugs can be harmful and dangerous. But when properly administered they can cure most cases and render the majority non-communicable.

Treatment for gonorrhea is more varied. Usually it requires the application of antiseptics or stimulants in proportions that are meticulously adjusted. Or the physician may prescribe drugs to be taken orally in quantities and strengths that are carefully determined according to the needs of the particular case. There are also several forms of heat and fever treatment to meet individual requirements.

Thus it is obvious that the treatment of these diseases cannot be effected by the simple purchase of pills or liquids recommended by friends or neighbors. It is more than a simple drugstore transaction.

Nevertheless, according to a study made by the American Social Hygiene Association, a larger proportion of drugstores diagnosed cases and offered to sell remedies in 1939 than in 1933. Apparently quackery and self treatment have become more prevalent today than they were five years ago. Of the drug concerns studied in 1933 it is estimated that 51 per cent made diagnoses and offered to sell remedies. By 1939 the proportion had increased to 62 per cent. Those who refused to diagnose cases or to sell remedies constituted only 7 per cent of those investigated in 1939, whereas in 1933 there were 33 per cent. In other words, this would indicate a tremendous drop within six years in the proportion of pharmacists who have the public welfare at heart and who are prepared to warn and give constructive advice to the customer who may be afflicted with a communicable disease.

The number of drugstores among those investigated which did not diagnose but offered to sell remedies, increased from 17 per cent in 1933 to 31 per cent in 1939. It was noted, however, that fully half of the latter suggested that their customers should see a physician instead of attempting self treatment.

It is in this capacity of guidance and advice that the druggist, the pharmacist or his assistant can play an effective part in stamping out syphilis. He has a definite responsibility to society and is in a key position to carry it out effectively if he will heed the seven contributions which are his to make and which are listed earlier in this article.



## GETTING STARTED ON A YOUTH SOCIAL HYGIENE PROGRAM

The American Social Hygiene Association's Youth Service, inaugurated two years ago, has helped to increase social hygiene activity in hundreds of communities throughout the country. Much of the improvement in social hygiene conditions as they affect young men and women has been accomplished under the leadership of agencies of youth itself. Compilations of the programs so successfully undertaken by youth and youth-serving agencies everywhere have been studied in an effort to find a general plan for use by youth groups not yet operating in this important sphere. This article attempts to tell what the youth leader can do in establishing a youth social hygiene committee in his or her town.

### *Know the Facts Yourself*

The obvious first step in organizing a youth social hygiene program in your community is to instruct yourself on the various aspects of this broad subject. You will wish to read about the cause, spread, treatment and cure of syphilis and gonorrhea and the laws to protect marriage and childhood from these diseases; sex education in the home, in churches, in schools; successful family life including homemaking, economics, hygiene of marriage, parenthood, child care, etc. Abundant material on these subjects may be obtained through school and public libraries, the American Social Hygiene Association's Youth Service and to a limited extent from the health authorities, and the American Medical Association.

### *Getting Organized*

After you have completed your study of the foregoing subjects, you will want the help of other young people in formulating and promoting a program. We suggest delegates from young people's societies in churches, Y.M. and Y.W.H.A.'s, Y.M. and Y.W.C.A.'s, youth sections of fraternal organizations, student clubs in high schools and colleges, youth sections of labor unions, community youth clubs such as Scouts, Jewish Juniors, etc. If there is a social hygiene society or committee in your community seek their advice early.

A successful organizer, among other things, keeps everyone busy and knows how to assign tasks according to the interest and talent of each committee member. But first your group must learn about the subject as a preparation for any later activity.

If you feel that you need additional advice, do not hesitate to appeal to your local Council of Social Agencies, or to the Association's Youth Service. It is always pleased to aid in any way possible. A

sponsoring committee may be composed of representatives from the following: Public Health Department, Social Hygiene Society, Medical Society, Schools, Churches, etc.

### **Selecting an Objective**

When your group is organized and informed you are ready to learn about the social hygiene activities of your district and to plan to cooperate in these efforts. A brief and convenient classification of social hygiene activities is as follows:

*Medical and public health services* including diagnosis and treatment of infected persons, free laboratory and other diagnostic services, free drugs for doctors, and the following educational services and aids: lectures, exhibits, slide films, motion pictures, pamphlets and folders.

*Law enforcement services* for the repression of prostitution, the licensing and supervision of commercialized amusements; and protective activities such as the efforts of probation officers, visiting teachers, Big Sisters, recreation and character-building societies.

*Education services* including the teaching of the facts regarding syphilis and gonorrhea and the function of sex in life, by means of lectures and study courses, to prepare youth for marriage, parenthood and family life.

### **Rounding-out Your Program**

There are innumerable ways in which your program may be enriched and attention and interest may be focused upon your activities. A few of the most successful ones are suggested here for your consideration. It will be important to keep your committee membership full and active. Even as you are at work on the program itself you must figure out ways of attracting new young people to your plans.

You will want to stage meetings at which prominent individuals will speak on social hygiene subjects. Discussion programs have been found to be valuable. Choose topics related to social hygiene which hold interest for young men and women today. Some groups have tried mock trials, sessions of a youth congress where resolutions are proposed and passed. Dramatic skits have been popular, some written by youth leaders for their own groups.

The use of films, both silent and sound, moving and still, are extremely valuable aids in conveying your message and making your meetings interesting.

A good many youth social hygiene groups have had considerable success with radio broadcasts on pertinent youth subjects with emphasis on social hygiene. Store windows have been employed to advantage for exhibiting the facts of social hygiene as it relates to youth.

Remember that if there are ways of financing dancing and refreshments after a meeting it is well to plan for such additional pleasures for they always draw a crowd.

And above all do not leave the newspapers of your community out of your plans. Invite press representatives to all public meetings. Provide the press with statements on your activities. Organize if possible a publicity advisory committee.

Aids available from the American Social Hygiene Association include:

1. Topics for discussion.
  2. Suggestions for programs.
  3. Reading lists on all phases of social hygiene—books and pamphlets.
  4. Lists of exhibits, posters, slide films and silent and sound motion pictures.
  5. Lists (specially compiled) of agencies in your city or state from whom help may be obtained.
  6. Lists of plays bearing on social hygiene.
  7. Advice about any scientific program or activity problem.
- 

### *WHITE HOUSE CONFERENCE ON CHILDREN*

Sessions of the Planning Committee of the White House Conference on Children in a Democracy are scheduled for January 18, 19 and 20, according to a bulletin of information issued by Katherine F. Lenroot, Executive Secretary of the Conference.

In his letter approving the recommendation that the conference be called into session, President Roosevelt wrote as follows to Frances Perkins, Secretary of Labor:

"I am in hearty accord with the statement of the Planning Committee to the effect that events in Europe must not be allowed to divert the attention of the American people from the task of strengthening our democracy from within, and that the needs of childhood require particular attention at the present time."

## TWENTY QUESTIONS ON SYPHILIS AND ITS TREATMENT

*(Answers on page 42)*

1. What is the estimated prevalence of syphilis in the United States?
2. Name the organism which causes syphilis. Who discovered it? When was it discovered? What instrument is used to see this organism?
3. How is a diagnosis of syphilis made?
4. What are the "stages of syphilis"?
5. When syphilis causes death, what systems of the body are most commonly involved with fatal results?
6. In fatal cases, approximately how long does the average case of syphilis last from infection to death?
7. What is meant by (a) acquired syphilis, (b) congenital syphilis?
8. In acquired syphilis, what is the method of transmission of the disease? What is the method of infection in congenital syphilis?
9. When is syphilis a communicable disease?
10. Name two laboratory tests for syphilis.
11. If positive, do these tests always (a) prove the presence of syphilis, (b) mean that the disease is communicable? If negative, do they prove freedom from syphilis?
12. Is syphilis often spread by means of eating and drinking utensils, door knobs and other articles touched by infected persons?
13. Name two drugs used in the treatment of syphilis. Name the discoverer of one of them.
14. How is each of these drugs administered? Approximately how often?
15. How long must treatment be continued?
16. Does treatment ever cure syphilis?
17. How can a case of infectious syphilis be made non-infectious?
18. How can congenital syphilis be prevented?
19. Name three common manifestations of acquired syphilis and one manifestation characteristic of congenital syphilis.
20. How should a nurse protect herself from the danger of infection through contact with infectious patients under her care?

## EDITORIALS

### SOCIAL HYGIENE DAY

What are the things you might do to help make National Social Hygiene Day a factor in lowering the incidence of venereal disease?

1. *Attend a Social Hygiene Day meeting* in your community—and if you find none scheduled, suggest a program to some group of which you are a member. (Program outlines and supplies may be secured from the Association without cost.)
2. *Write a letter to the editor* of your favorite newspaper, trade journal, or club publication asking him to do an editorial or have a news or feature story written. Material has been sent to thousands of editors. You can get yours to use it.
3. *Send for printed matter* for distribution to employes, youth groups, and organizations of any kind with which you have contact.
4. *Inquire about renting or purchasing* the new film *With These Weapons* a presentation of the National Anti-Syphilis Committee.
5. *Try to get a contribution* for the 1940 budget—a contributor's interest usually is higher than a non-contributor's.

The Anti-Syphilis Campaign goes on all year 'round. However, National Social Hygiene Day not only is the peak of the educational activity but also the best time to win new supporters of the "8-point program on 48 fronts."

### Help Guard Against Syphilis.

### SMALLPOX AND GREATPOX

Though smallpox has been completely wiped out in Great Britain and Germany, there were 11,673 cases in 1937 and 15,000 cases in 1938 in the United States. Why—when smallpox is an entirely, easily preventable disease? Because some people do not allow the medical profession to apply simple preventive measures. The public is not "sold" on smallpox vaccination. The United States was once "sold" on vaccination, but it has lost its conviction. A disease on which the curtain was once rung down is playing a return engagement. So we have more smallpox than any country in the world excepting only India.

Greatpox, also called "syphilis", is another disease which has not been conquered. There is no clear evidence that its prevalence in the United States has yet been materially reduced. There is no method of prevention of greatpox com-

parable with vaccination for smallpox. But the public is now interested and urging the application of measures recommended for the reduction of the disease. Will the public stay "sold" on the anti-syphilis campaign?

People will not stay "sold" on anti-greatpox measures any more than on anti-smallpox measures, unless an organized attempt is made to keep them "sold". That means never-ending popular education regarding syphilis, its nature, how it is spread, how diagnosed, how cured and how prevented.

#### WOMEN GIVE MOST

*An approved editorial suggestion for use in connection with Social Hygiene Day.*

It may seem surprising that women have given more money than men to the voluntary educational campaign against the venereal diseases, as statements issued by the American Social Hygiene Association point out. Surprising because not so long ago syphilis and gonorrhea were usually unmentionables, particularly in conversation or correspondence with and among women. But not so surprising in these days of increased frankness and understanding about the most prevalent of the serious infectious diseases.

Women undoubtedly have been greater sufferers than men from the vicious results of both syphilis and gonorrhea. Not all women, of course, but easily a very high majority. They have not merely witnessed the physical, mental and economic ravages of syphilis and gonorrhea but unwittingly in millions of cases have been made to endure misery themselves and to pass infection on to their offspring.

If some men still regard syphilis and gonorrhea as "just a part of life," women at least and at last may be said to be a tremendous factor in checking the spread of these plagues. As a class women are paying more attention than the male to the educational campaign. Singly and in groups they seem to give more time to discussion of prevention through greater intelligence and also to law enforcement aspects of the problem. Widely they have been proponents not only of that sometimes misty subject of sex education but also of the extremely practical and exactly scientific consideration of eliminating unnecessary congenital syphilis through premarital and prenatal legislation.

And, as stated above, they have contributed thousands of dollars in both small amounts and large to the National Anti-Syphilis Campaign. One of the objects of Social Hygiene Day is

to broaden still further the base of financial support of this great health movement. It is to be accomplished chiefly by suggestion. There is not in the anti-syphilis campaign the same money-raising machinery that is observable in the Red Cross and seal sale drives or in the Community Chest appeals. What you do if you want to help is draw a check or send cash to the American Social Hygiene Association, 50 West 50th St., New York. The (*name of newspaper*) recommends that you give some amount today to this difficult but succeeding work. Guard against syphilis!

#### NO BLITZKRIEG AGAINST SYPHILIS

Impatient souls who look for a quick conquest of syphilis are scheduled for disappointment unless some now unknown weapon or method of attack is discovered. It will take us about as long to conquer syphilis as it takes that disease to kill its average victim, say 20 or 25 years, and our method of attack must be similar—patient, subtle, unrelenting,—attacking one vital stronghold after another. No blitzkrieg can succeed against an enemy so widespread, so often unrecognized as syphilis. Only ample fighting forces, supported by adequate service of supplies, persistently pressing the campaign, can hope to conquer a foe whose allies are ignorance, prostitution and quackery.

It took Great Britain 20 years to cut the syphilis rate in half. It took the Scandinavian Countries 20 years to conquer syphilis. There is little reason to suppose that we can greatly improve upon these records. But what others have done, we can do.

## ANSWERS TO QUESTIONS ON SYPHILIS AND ITS TREATMENT

1. About 1 in 20 of the whole population.
2. *Spirochaeta Pallida*. Fritz Schaudinn. 1905. Darkfield microscope.
3. By considering a history, clinical examination and laboratory reports of the patient.
4. "Early, latent and late"—or "Primary, secondary and tertiary".
5. The cardiovascular system and the central nervous system.
6. 15-25 years.
7. (a) acquired syphilis is syphilis contracted by any method after birth, (b) congenital syphilis transmitted from mother to child before birth.
8. (a) by intimate contact (b) Probably from the blood stream of the mother through the placenta to the blood of the foetus.
9. (a) in the early stages or when there are open lesions (b) in pregnant women as indicated above.
10. Wassermann test. Kahn test.
11. (a) no (b) no (c) no.
12. No. Very rarely if at all.
13. Arsphenamine and bismuth. Ehrlich discovered arsphenamine.
14. Arsphenamine injected into vein. Bismuth into muscle. Once or twice weekly.
15. One year or longer.
16. Yes.
17. By modern treatment and by elapse of time.
18. By treatment of pregnant syphilitic mother throughout pregnancy.
19. Acquired syphilis—syphilitic aortitis, tabes dorsalis and paresis. Congenital syphilis—Interstitial keratitis.
20. By avoiding contact with patient except with hands protected by rubber gloves and taking care to avoid any injury to hands. In addition hands may be washed in disinfectant solution after removal of gloves.



## BOOK REVIEWS

THE GONOCOCCUS AND GONOCOCCAL INFECTION. Edited by Forest Ray Moulton. Pennsylvania, The Science Press, 1939. 171 p. \$2.50.

As a companion to its volume on syphilis, published in 1938, Science Press has published for the American Association for the Advancement of Science a volume on the gonococcus and gonococcal infections. The contents of this book constitute a symposium in 15 chapters by various authors. The symposium was arranged by the American Neisserian Medical Society.

Beginning with a general statement of the problems, the text continues with a discussion of the chemistry of the gonococcus, experimental infections, pathology of infections, immunity, carriers, extragenital infections, biologic side effects, and the epidemiology of gonococcal infections. Next are discussed the diagnosis and treatment and criteria of cure of gonococcal infections. The volume is completed with two papers on the public health aspects of these infections.

Among the authors are Drs. P. S. Pelouze, C. M. Carpenter, Alfred Cohn, J. F. Mahoney, N. A. Nelson, Stafford L. Warren, R. A. Vonderlehr, and many other outstanding observers and investigators in this field of medicine and public health. The book is largely technical in character and will be of great interest to physicians who are studying or investigating the rapidly changing clinical and laboratory aspects of gonococcal infections.

WALTER CLARKE, M.D.

GONORRHEA IN THE MALE AND FEMALE. By P. S. Pelouze, M.D. Philadelphia, W. B. Saunders Company, 1939. 489 p. \$6.00.

During the past four or five years more radical changes have occurred in our basic knowledge of gonococcus infections than in any other field of medical science with the possible exception of that having to do with pneumonia. In that period there has been a tremendous increase in productive research and in medical and public interest. Our methods of diagnosis have been carefully reviewed and improved. Several new methods of treatment have been introduced. The public health program has been expanded not only with regard to syphilis but also gonorrhea and gonorrheal vaginitis. As a consequence of this increment of knowledge, literature written more than five years ago is now, to a large extent, out of date.

The outstanding book in this highly specialized field is one written by Doctor P. S. Pelouze, the Assistant Professor of Urology at the University of Pennsylvania. The first edition of Pelouze's book on

gonorrhea, published in 1928, caused a sensation. It was referred to as the most important contribution to the subject since the work of Professor Finger 25 or 30 years ago. Pelouze laid waste many of the generally accepted conventional ideas of the diagnosis and treatment of gonococcus infections. The first edition dealt only with gonorrhea in the male. In answer to a prompt demand from the medical profession, a second edition of Pelouze was soon issued dealing with gonorrhea in the male and female.

Now a third edition entitled "Gonorrhea in the Male and Female" has appeared. To a large extent this is a new book. Such old chapters as have been retained have been largely rewritten and much new material has been added. The book is divided into three parts entitled, "Gonorrhea in the Male," "Gonorrhea in the Female" and "The Medical Profession and Gonorrhea Control."

In recognition of the advance that has been made in the diagnosis, treatment and control of gonococcus infections, the present edition includes discussion of fever therapy, sulphanilamide and its derivatives, and estrogenic substances in the treatment of gonococcus infections. Improved culture methods are discussed as well as other improved techniques of diagnosis and test of cure. The third part of the book is entirely new and will be especially interesting to public health workers, dealing as it does with the medical, social and economic problems involved in the application of modern knowledge to the prevention and control of gonococcus infections.

The author's style of writing is most attractive. The book is copiously illustrated with photographs, drawings, charts and graphs. Many of the illustrations are in colors.

Pelouze on gonorrhea should be included in the collection of essential books of all who in any way deal with the subject of gonococcus infections, either from the medical or from the public health point of view. This is especially desirable at present when plans are rapidly maturing for a major public health offensive against the most prevalent and heretofore the most neglected of all serious communicable disease.

WALTER CLARKE, M.D.

HOW TO PLAN A PUBLIC RELATIONS PROGRAM. By Mary Swain Routzahn. 50 cents.

"How to Plan a Public Relations Program" is one of the "how-to-do-it" bulletins published from time to time by the Social Work Publicity Council. In it is discussed the what, why, when, where and how of public relations.

Starting off with an explanation of the terms *public relations*, *publicity*, *public information*, and *interpretation*, the bulletin divides into three main divisions: 1. What Goes Into a Public Relations Program; 2. Setting Up the Program; and 3. A Sample Program Outline. The method of presentation is by outline and question.

Each division falls into a number of main headings and these, in turn, are followed by a series of questions.

In the introduction, Mary Swain Routzahn expresses the hope that this outline will give a sense of direction and lead to an economy of effort. "Both of these are often lacking in the casual succession of speeches, reports, and occasional news stories which make up the year's record of unplanned publicity activity."

The necessity of keeping the objectives of a program constantly in mind is stressed throughout the bulletin. Questions on objectives are listed to give the public relations planner a lead in formulating a clear picture of the campaign. "It is surprisingly easy to lose sight of the real purpose of public relations work," declares Miss Routzahn, "once you are on your way. You will need to remind yourself many times of just what it was you set out to do and why."

Under the heading, "Public or Publics", the audience is discussed and characterized in relation to the agency, affiliations, and group characteristics, such as age, race, or education. Background and source materials are considered and the various channels of communication are listed in relation to the objectives, the public, and subject matter.

The sample schedules of publicity plans and lists of media will be especially useful to those new in the public relations field. "How To Plan a Public Relations Program" is interesting and useful. The bulletin, written by an authority in the public relations and social work fields, is recommended as a plan for every public relations director.

JOSEPH L. STENEK.

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"The mass education we have in the United States is far better than the selective education they have in some other countries. I firmly believe in making higher education available to every boy and girl in the country.

"The great challenge to government today is how to apply the discoveries of science to the art of living. There is nothing new in what we are trying to do in the health program of the City of New York. The only novel thing is that we are doing it."

FILORELLA LA GUARDIA, *Mayor of the City of New York.*

## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.*

### BOOKS

- THE CHALLENGE OF ADOLESCENCE. Ira S. Wile. Greenberg, Inc., 1939. 484 p. \$3.50.
- EDUCATION FOR DEMOCRACY. The Proceedings of the Congress on Education for Democracy. Columbia University Press, 1939. 466 p. \$2.50.
- MOTHERS OF THE SOUTH. Margaret Jarman Hagood. University of North Carolina Press, 1939. 251 p. \$2.00.
- WAYS TO COMMUNITY HEALTH EDUCATION. Ira V. Hiscock. The Commonwealth Fund, 1939. 306 p. \$3.50.
- PROCEEDINGS OF THE NATIONAL CONFERENCE OF SOCIAL WORK. Sixty-Sixth Annual Conference. Columbia University Press, 1939. 655 p. \$3.00.
- SOCIAL CASE WORK IN PRACTICE. Florence Hollis. The Family Welfare Association of America, 1939. 313 p. \$2.50.
- UNTO THE FOURTH GENERATION. Irving Simons. E. P. Dutton & Co., 1940. 243 p. \$2.50.
- MARRIAGE AND THE CHILD. James H. S. Bossard. University of Pennsylvania Press, 1940. 178 p. \$2.00.

### PAMPHLETS

- EXTRACTS FROM THE NATIONAL STAFF CONFERENCE: BOY SCOUTS OF AMERICA. Boy Scouts of America, 1939. 95 p. 25¢.
- YOU CAN END THIS SORROW. (Prevention of Congenital Syphilis.) U. S. Public Health Service. 4 p. \$1.00 per 100.
- STANDARDS FOR NON-PROFIT HOSPITAL SERVICE PLANS. American Hospital Association, 1939.
- DELAWARE HEALTH NEWS. Summer, 1938; Autumn, 1938; Winter, 1938-9; Spring, 1939. Delaware State Board of Health.
- THE SELECT FEW. By Dorothea A. Jermany. Houston College for Negroes, 1939.
- SELECTED LIST OF PUBLICATIONS. Children's Bureau, 1939. U. S. Department of Labor. 20 p.
- BULLETIN: State Committee on Tuberculosis and Public Health of the State Charities Aid Association. March 16, 1939. 3 p.
- THE SERODIAGNOSIS OF SYPHILIS. Supplement No. 9 to Venereal Disease Information. U. S. Public Health Service, 1939. 224 p.

- CONTROL OF THE VENEREAL DISEASES IN THE UNITED STATES: Present and Future Plans. Supplement No. 10 to Venereal Disease Information. U. S. Public Health Service, 1939. 25 p.
- HEALTH PROBLEMS IN NEGRO COLLEGES. Proceedings of the First Regional Conference for Health Workers in Negro Colleges. National Tuberculosis Association, 1939. 63 p.
- NEW LIGHT ON OLD HEALTH PROBLEMS. The Proceedings of the Seventeenth Annual Conference of the Milbank Memorial Fund. Milbank Memorial Fund, 1939. 91 p.
- JOURNAL OF CRIMINAL PSYCHOPATHOLOGY, June, 1939. 85 p.
- CHILD DEVELOPMENT ABSTRACTS AND BIBLIOGRAPHY, Volume 13, No. 4. August, 1939. National Research Council. 244 p.
- THE RELATIONSHIP OF HEREDITARY FACTORS TO MENTAL PROCESSES. By Abraham Myerson, M.D. Reprint from *The Research Publications of the Association for Research in Nervous and Mental Disease*. September, 1939. 49 p.
- THE CULTURAL BACKGROUND OF THE HEALTH EDUCATOR. Abridged from address to American Public Health Association. Reprinted from *The Lancet*, July 22, 1939. 233 p.
- A BETTER CHANCE FOR EVERY CHILD. Children's Bureau, U. S. Department of Labor. Folder No. 15.
- RECREATION—AND THE AMERICAN WAY OF LIFE. Topics for Group Discussion. National Recreation Association. 35 p.
- SEX TABOOS, SEX OFFENDERS AND THE LAW. By Joseph Wortis, M.D. Reprinted from the *American Journal of Orthopsychiatry*, July, 1939.

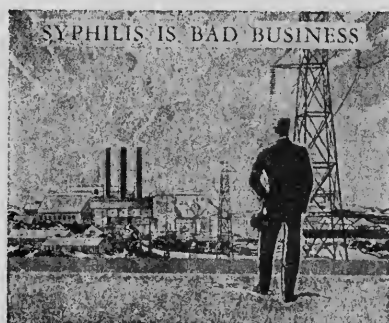
## IN THE PERIODICALS

- AMERICAN JOURNAL OF PUBLIC HEALTH, July 1939. *Results of Contact Investigation in Syphilis in an Urban Community*. By T. B. Turner. p. 768.
- AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, July 1939. *Combating Venereal Diseases in the U.S.S.R.* By S. M. Danyushevsky. p. 498.
- November 1939. *Administrative Problems in the Control of Syphilis*. By R. A. Vonderlehr, M.D. p. 692.
- ARCHIVES OF DERMATOLOGY AND SYPHILOLOGY, May 1939. *Syphilis and Public Opinion*. By Merrill Moore, M.D. p. 836.
- November 1939. *Relation Between Syphilis and Tuberculosis in the Negro*. By Samuel Goldblatt, M.D. p. 792.
- BRITISH JOURNAL OF SOCIAL HYGIENE, October 1939. *The Almoner in the Venereal Diseases Service*. By Dorothy Manchec. p. 275.
- BRITISH MEDICAL JOURNAL, October 14, 1939. *Social Hygiene in War Time*. p. 774.
- HEALTH AND EMPIRE, LONDON, July 1939. *Venereal Diseases*. p. 212.
- HEALTH NEWS, December 18, 1939. *Premarital Examination*. By J. Rosslyn Earp. p. 209.
- HYGIEA, November 1939. *Adjustments in Marriage*. By N. T. McDermott, M.D. p. 973. Concluded in December 1939 issue p. 1078.

- INDUSTRIAL MEDICINE, November 1939. *Syphilis in Railroad Medicine: A General Consideration of the Problem*. By E. M. Butt, M.D. p. 465.
- JOURNAL OF AMERICAN DENTISTS ASSOCIATION, August 1939. *Syphilis as the Dentist Sees It*. By Trim Houston. p. 1362.
- JOURNAL OF AMERICAN MEDICAL ASSOCIATION, December 1939. *Therapy in Syphilis*. p. 2240.
- JOURNAL OF MEDICAL ASSOCIATION OF ALABAMA, July 1939. *Expanded Venereal Disease Control Program in Alabama*. By J. N. Baker. p. 22.
- JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY, June 1939. *Health Survey of Paterson Relief Clients in 1938*. By Frederick P. Lee and William J. Grosfield. p. 356.
- LANCET, LONDON, July 1939. *Venereal Diseases*. p. 212.
- NEIGHBORHOOD HEALTH, September 1939. *Social Hygiene and the Family*. By Maurice A. Bigelow. p. 3.
- NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, December 1939. *Public Health Aspects of the Syphilitic Patient*. By Alfred L. Adam. p. 322.
- NEW YORK STATE JOURNAL OF MEDICINE, March 1939. *Public Health Notes*. By J. Rosslyn Earp. p. 465.
- May 1939. *Syphilis Control. Administrative and Epidemiologic Aspects*. By Cleland A. Sargent. p. 1011.
- PARENTS' MAGAZINE, October 1939. *Love in the Making*. By Mrs. Frances Bruce Strain. p. 16.
- PEORIA HEALTH NEWS, August 1939. *The Premarital Law*. p. 2.
- PUERTO RICO HEALTH BULLETIN, May 1939. *Incidence of Syphilis in Puerto Rico*. p. 97.
- PUBLIC HEALTH NURSING, December 1939. *The Clinic Interview*. By Mary Dunn. p. 682.
- TEXAS STATE DEPARTMENT OF HEALTH BULLETIN, March 1939. *Texas Syphilis Campaign Well Organized*. p. 12.
- VENEREAL DISEASE INFORMATION, November 1939. *Spirochete Counts in Early Syphilis*. By George Vryonis, M.D. and Hugh J. Morgan, M.D. p. 343.
- December 1939. *Syphilis Control—Case-Finding and Case-Holding*. By Helen E. Woods. p. 371. *Progress in Venereal Disease Control—1939*. p. 376.
- Articles on syphilis and gonorrhea appear regularly in the following magazines:*  
 American Journal of Syphilis, Gonorrhea and Venereal Disease.  
 Venereal Disease Information.  
 Health and Empire (Great Britain).  
 American Journal of Syphilis.

# Journal of Social Hygiene

## Industrial Number



*"Safeguarding the health of our employees is, in my opinion, the greatest and most important task before us at all times."*—William S. Knudsen

President, General Motors Corporation

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The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

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PHILIP R. MATHER

who has recently accepted the chairmanship of the National Anti-Syphilis Committee, American Social Hygiene Association.

## PHILIP R. MATHER APPOINTED CAMPAIGN CHAIRMAN

Philip R. Mather, industrialist, now of Boston and formerly of Cleveland, has accepted the campaign chairmanship of the National Anti-Syphilis Committee, American Social Hygiene Association, according to an announcement by Dr. Ray Lyman Wilbur, Association president.

"It is a new post to increase the funds for educational work to lower the incidence of the venereal diseases," Dr. Wilbur explained. "Mr. Mather, who has been a sponsoring member of the National Anti-Syphilis Committee, formed by Gen. Pershing and myself in 1937, comes into the active ranks as a volunteer."

While a resident in Cleveland, Mr. Mather, then with Pickands, Mather and Company, headed "Division A," the special gift unit of the Community Fund. This was organized by his father, the late Samuel Mather, ironmaster, who for years was Ohio's principal philanthropist. Philip Mather headed the Crusaders' campaign in Cleveland and was national treasurer of that pro-repeal organization. Many civic enterprises in Cleveland enjoyed his assistance. He is a graduate of Yale and a Phi Beta Kappa. He is a director of Massachusetts, Ohio and Illinois Corporations. His office is at 16 Arlington Street, Boston.

"With association survey statistics showing that one in twenty of our population is infected with syphilis, and the campaign revealing that education against syphilis is the greatest need to be adequately met by the national voluntary agency, it is imperative that more funds be contributed at once," Mr. Mather stated.

"Wonders have been accomplished with the \$366,000 given to the association in the present campaign; but what is a sum like that in conquering a disease more prevalent than tuberculosis and infantile paralysis combined? The American people as a whole, not just a few, must be persuaded that this is a program to guard the health of all. Syphilis out of control spreads rapidly, knows no distinctions of wealth or class, recognizes no state lines, no seasons.

"The educational campaign, conducted by the American Social Hygiene Association solely with contributed funds, takes up tasks that are not within the scope of those of public health officials or of the medical profession. The association does not treat the venereal diseases. It teaches prevention first, and, when infection does take a victim, points out how to find the proper source of adequate treatment. The association has taken a leading part in persuading Congress to appropriate federal aid to states for combating syphilis. Surgeon General Parran repeatedly asserts the value of the association in the attempt to stamp out syphilis in one generation."

Mr. Mather stated that the number of contributors to the association's campaign against syphilis has increased 800 per cent in less than three years but that it would be necessary to find thousands of new givers at once.

# Journal of Social Hygiene

VOL. 26

FEBRUARY, 1940

NO. 2

## Industrial Number

*"Safeguarding the health of our employees is, in my opinion, the greatest and most important task before us at all times."*—William S. Knudsen, President, General Motors Corporation.

### A SYPHILIS CONTROL PROGRAM IN INDUSTRY \*

CARL A. WILZBACH, B.S., M.D.  
*Commissioner of Health, Cincinnati, Ohio*

Cincinnati has been fortunate in having an active Social Hygiene Society for more than twenty years. There have been paid, full-time workers with a physician as director who have carried on a three-fold program of public education, of legal measures dealing with delinquency and prostitution and of medical phases concerned with the control of syphilis and gonorrhea. This work has been financed as a part of the Public Health Federation, the Health Branch of the Community Chest.

When Doctor Thomas Parran started the drive against syphilis his recommendations, like seeds, fell not only upon fertile soil, but ground that had been ploughed, harrowed and watered. City officials, the Board of Health, the County Medical Society, the Public Health Federation, leaders of civic groups, industrial leaders and the general public, immediately became interested in the local syphilis problem and how it could be dealt with. A professional committee was organized, composed of physicians, dentists, nurses and public health workers. A program was prepared under the guidance of this group which met with the approval of the County Medical Society and other professional groups.

\* Read before the Health Officers' Conference American Public Health Association, Pittsburgh, Pa., October 20, 1939.

Clinics were coordinated, a comparable reporting system for all clinics was instituted, a follow-up system was developed for physicians in private practice and for public clinics, laboratories were standardized, free drugs were furnished to clinics and physicians in private practice for treating indigents and those employed but unable to pay for treatment, and an educational program was carried on, using the press, lectures, movies, printed pamphlets, billboards, posters, bus and street car cards. Emphasis was placed on finding patients with syphilis and on getting them treated promptly. These efforts we believe have been most successful.

While these developments were taking place the owner of one of our large industrial plants, after reading of the need of finding syphilis among workers, had all of his employees blood tested. He paid a doctor for taking the blood and a private laboratory for examining the blood samples. He liked the idea so well that he persuaded several other industrialists to do the same for their employees. He was responsible for the organization of a new Anti-Syphilitic League which later was merged with the Cincinnati Social Hygiene Society to prevent overlapping in the field.

In order to get a more complete understanding of the problem and its needs, an Industrial Committee for the Control of Syphilis was organized. This Committee has as members many of the prominent industrial leaders in the city. Each of these men agreed to have his employees blood tested, and in addition they used their influence to get other employers to adopt the plan.

The professional committee guided the medical and the nursing aspects of the program. The lay industrial committee, the Social Hygiene Society and the Public Health Federation, fully supported by the Board of Health, carried on the industrial program.

We were fortunate early in the organization of our program to have the advice and the assistance of Doctor Albert Russell, Surgeon, U. S. Public Health Service.

The plan has now been in operation for more than two years in Cincinnati and Hamilton County and seems to be an effective method of examining large numbers of people for syphilis.

It has been demonstrated in other surveys that when the blood test is made only when syphilis is suspected, positive cases are found in six out of every thousand examinations. On the other hand when blood tests are done routinely in physical examinations forty-four positive cases in every thousand patients examined are found. It is all the more significant when it is remembered that many of these workers are young women of marriageable age. The discovery of syphilis in this group of women in addition to the other health benefits should lead to prompt treatment and a substantial reduction in congenital syphilis.

The plan is started somewhat as follows: A qualified woman worker with medical social work experience, calls on the employer and points out to him and his employees the advantage of joining in the National Campaign to Stamp out Syphilis. She supplies a list of other plants where the employees have been tested. It is stated that the worker with infectious syphilis not under treatment is a menace to other workers and because of the apprehension over his condition is not an efficient worker.

In addition it is explained that there are disruptions of time schedules and organization through sick days lost by employees. If the worker has sores or breaks in the skin they may not heal readily. If he breaks a bone it may not unite, or at least heals very slowly.

The syphilitic may also develop cardiovascular disease, brain softening, mental ills and be more easily injured in accidents, or cause accidents to others whose lives are entrusted to him. Labor turnover is greater, and the employer often is deprived of the services of a skilled worker or a valuable executive, frequently with considerable financial loss. It is pointed out that industry shares the greater part of the huge tax bill which goes for medical care due to the ravages of syphilis each year. It is estimated that thirty-one million dollars are spent for the care of syphilitic patients in hospitals and public institutions and ten million for the care of the syphilitic blind. One hundred and ten million dollars is said to be the annual cost of treating the one million one hundred patients who have the disease in the U.S.A.

The loss of earnings caused by premature deaths from syphilitic heart disease, is said to be well over a million dollars.

With such evidence it has not been difficult to convince the employer of the value of discovering syphilis among his employees and of having it successfully treated, often with no loss of time to the worker.

The employer agrees to pay a physician from 75 cents to \$1.00 for taking each blood sample. If he has no plant physician he is referred to the County Medical Society which assists him in securing a physician. In some plants the employer pays a private laboratory to examine blood samples at the rate of 50 cents each in lots of twenty-five or more. Blood tests are also made free of charge at the local and State Boards of Health.

It is further understood that the reports are to be kept confidential and that only the doctor and the worker know whether syphilis is present or not. The employer receives nothing more than a list giving the percentage of his employees who were found to have syphilis. If by chance he discovers an employee who has syphilis he agrees not to discharge him. Among the many thousands of employees tested in Cincinnati not a single employee has lost his job. On the other hand, we know of some few cases where special care was indicated for a particular worker and where the employer assisted the doctor most sympathetically in seeing that the worker received the necessary attention.

If the employer agrees and accepts the plan the next move is to address the workers in groups pointing out the health values that are derived from finding out if they have syphilis and of going to their doctor for advice and treatment should it be recommended. The fact that such action is voluntary on their part and that an employee will not be discharged if found to have syphilis is stressed to the workers. It is interesting to note that we have had no objections from the labor unions and that more than ninety-five per cent of the workers have their blood tested. The lectures are given by the physicians of the Board of Health and the Social Hygiene Society. It seems best to speak to the men and to the women in separate groups. Posters are supplied stating that "This Plant is Participating in the National campaign to Stamp out Syphilis." A brief and simple pamphlet is given to each worker after the lectures.

A service charge of ten cents per capita is paid by the employer. This service includes planning and organizing the program, lectures by the doctors, posters and literature. The funds derived in this manner have been sufficient to pay the salary, the transportation and the office expenses of the woman organizer. However, if a plant is unable to pay the ten cents per capita the services are rendered without charge.

When workers are found with syphilis they are sent to their family physicians for a thorough examination and treatment. Workers who are on low wage and who are unable to pay regular medical fees are frequently treated by private physicians who are supplied with drugs from State and Federal funds. Others are treated in plant clinics and some in the public clinics.

In the more than two years of operation of this plan there have been no complaints of physicians in private practice about these procedures.

At the time this paper was prepared preliminary reports had been received from thirty-one plants, employing more than eighteen thousand men and women who had completed their blood testing.

Sixty-four plants employing more than forty-six thousand men and women are now in the process of blood testing. Some of the larger plants have been testing for many months and have about completed their work; others started only recently. Many other plant owners have been approached and have agreed to the plans but action is being held up because of business conditions or war involvements. In these plants there are enough workers to bring the total number to be tested for syphilis in this program to one hundred thousand or more.

We are now in the process of collecting the completed records. The forms include the number in every five year age level, starting at the age of sixteen; sex, color, whether infectious or non-infectious, where treated, the amount of treatment, follow-up procedures and the extent of educational activities carried on in the plant.

In one series of five thousand serological tests to which completed records we had access, the percentage of positive tests in individual plants ranges from zero to 7.4. The average for all of the plants was 2.6 per cent positive. A careful follow-up plan makes it possible to check on each syphilitic patient and to see that he gets the care the doctor recommends.

Fifteen of the plants located in Cincinnati are companies with branch offices and factories in other cities, and most of these companies are planning on having all of these employees blood tested.

Following the routine blood testing of employees during this present drive many of the plants have adopted the plan of requiring a blood test as a regular part of the medical examination at the time of employment. There is a general agreement among employers that the presence of syphilis is not sufficient ground for rejection. The plan of requiring a blood test at the time of employment will, among other values, undoubtedly have far reaching effects in keeping patients on treatment.

Doctor R. H. Markwith, Ohio State Director of Health, became interested in the Cincinnati program soon after he took office in January 1939. After studying the matter he recommended that money made available through the provision of the LaFollette-Bulwinkle Act be appropriated to continue the program.

Local funds matching federal money were provided after which the budget was allotted which became effective July 1, 1939. Since that time the program has been under the direction of the Cincinnati Board of Health. The staff consists of an organizer-educator, a public health nurse and a stenographer-secretary, all working under the direction of the Health Commissioner.

#### CONCLUSION AND SUMMARY

The plan seems to be an effective method of examining large numbers of people for syphilis. The elements of which the plan consists are:

1. A public education campaign on syphilis.
2. The organization of a committee of influential industrialists.
3. The organization of a professional committee, consisting of physicians, dentists and public health nurses representing groups within the professions.
4. The employment of an educator to convince employers of the value of the program.
5. Provision for lectures and literature for employees.
6. Payment to physicians by employers for the taking of blood samples.
7. The referral of workers to their own physicians when they are able to pay for treatment.

8. Treatment by official, voluntary and plant clinics of those unable to pay for service.
9. The provision for a follow-up plan to ascertain whether or not patients are receiving the treatments prescribed by physicians.
10. The compilation of a reasonable amount of statistical data.

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#### COMMENTS

DR. ROGER E. HEERING

Although I have been assigned to the Cincinnati Health Department by the United States Public Health Service to assist with the Venereal Disease Control Program, I have been in the city but a few months, and since this program described by Dr. Wilzbach has been in operation for more than two years I feel free to comment as a neutral observer.

It has been gratifying to note the universal interest of the local industrialists in the program and the willingness to cooperate which has been manifested. Of course, as Dr. Wilzbach pointed out, the general public had been pretty well educated through the efforts of the local Social Hygiene Society so that the institution of an active plan was not entirely new.

I believe we can attribute the success of this program in Cincinnati to about 5 factors:

1. The thorough education of the general public extending over many years through the efforts of the Social Hygiene Society.
2. The enlistment of the sympathies of leading industrialists who were aware of the ultimate benefits to be derived.
3. The encouragement of discovered cases to go to private physicians for treatment whenever possible, so that the medical profession would not gain the impression that candidates were being rounded up for free clinics.
4. The care taken in acquainting the workers with the fact that their cooperation was to be entirely voluntary: that no coercive methods were to be used by either employers or health agencies; that this was not a plan to deprive infected persons of their jobs, and that only the employee and the doctor would know of the results of the examinations.
5. And lastly—which embraces all of the above points, the very capable administration of the program.



In an occasional instance it has been found that where industrial organizations have been sold on the idea, their doctors have discouraged the employees. This is to be deplored for if the workers have confidence in their industrial surgeon, an obstacle is provided which is surmounted only with great difficulty. This attitude on the part of some physicians can undoubtedly, in part, at least, be attributed to the fact that as plant physicians, on a salary, they are asked to do work that has not heretofore been required. It is unfortunate that they, as guardians of the health of their charges, apparently are too shortsighted to realize that ultimately they will be more than repaid for their efforts.

Attempts at syphilis control are not new to industry. As Dr. Parran has stated, "America's first great demonstration in the control of syphilis was an industrial program. It was conducted by what was in 1917, America's biggest industry, the War industry." Following this wartime demonstration, industrial interest in syphilis centered in the railroads, for their very existence depends on their ability to provide safe transportation. Studies among railroad employees were carried on by Dr. John H. Stokes then of the Mayo Clinic and by Dr. O. C. Wenger of the United States Public Health Service, and by physicians directly associated with the railroads. Although other industries have fallen into line, the railroads probably still head in the proportion of companies conducting blood tests and in the relative numbers of employees tested.

At the time that the Cincinnati plan was inaugurated, their apparent objective was to find cases of syphilis, so that the infected individuals could be advised of their condition and learn where and how they might obtain proper treatment. However, as I see it, more than this will be accomplished. Industry embraces the largest single group in any population, so that in addition to finding cases and preventing the late disabling manifestations in this great group, from results of the studies in progress we can add another length to the chain of evidence dealing with the epidemiology of syphilis.

The interest that industry is showing in this nation-wide campaign to stamp out syphilis (if this one industrial city can be considered as an example), is extremely gratifying. It is evidence that the efforts of public health authorities to educate the general public have not been in vain. When we realize that venereal disease is several times as prevalent as tuberculosis but that health departments spend only a fraction as much for the control of the venereal diseases, it would appear that more balanced programs are essential. From all indications it appears that the scale is gradually assuming a more even keel.

# INDUSTRIAL COOPERATION IN SYPHILIS CONTROL IN NEW JERSEY \*

JOHN HALL

*Field Supervisor, Division of Venereal Disease Control  
New Jersey State Department of Health*

Systematic attempts at cooperation with industries in syphilis control did not begin in New Jersey until the present year (1939). Prior to that time, there had been some distribution of printed material, an occasional noon talk, and, in one of the localities where a state-employed venereal disease case-worker was stationed, efforts had been made to encourage wholesale blood tests.

The first steps in a definite program were taken by the Venereal Disease Committee of the New Jersey Health Officers Association, which drafted a fairly comprehensive "Outline of Procedure to Locate and Treat Syphilis in Employed Persons in New Jersey." This was passed along to the State Department of Health, and, in some measure, has been followed.

## EXPERIMENTS IN PUBLICITY

Last January (1939) we sent up a trial balloon for the purpose of finding out how much interest there might be among employers in providing information about the venereal diseases in their plants. We prepared a form letter suggesting that some or all of a collection of seven articles be used, probably in connection with Social Hygiene Day, February 1. These went direct to an assortment of 100 medium-sized industries scattered over the state. The result was not very encouraging, as only about a dozen requests for these materials were received. We had better luck with Health Officers, many of whom distributed what we had to offer among industries in their jurisdictions.

Our Department has attempted to provide the best available material for publicity purposes. For employers, we have purchased in quantities such informational matter as: *Syphilis is Bad Business* by Dr. Parran; *Syphilis Control in Industry* by R. R. Sayers; and *Hidden Costs in Industry*, of which we obtained a special edition from the A.S.H.A. For workers, we have: *Gonorrhea and Syphilis in Industry* by the Massachusetts Society for Social Hygiene; also *Questions and Answers About Syphilis and Gonorrhea*, *Facts About Syphilis*, and *Facts About Gonorrhea*, all by the A.S.H.A. Posters of various kinds, of our design and from others, also have been used.

\* Read at the meeting of social hygiene executives held by the American Social Hygiene Association, October 21, 1939.

By far the most popular has been our own *A B C of Syphilis*, broken down into three little leaflets of a size suitable for payroll envelopes. Approximately 100,000 of these sets of three have been sent out, mainly through local health officers, for use by a considerable number of industries.

#### WHOLESALE BLOOD TESTS

Our next effort was a plan that we hoped would encourage the offer of wholesale blood tests to employees. For this purpose a form letter was prepared and sent to the Boards of Health of places where there were considerable numbers of industries. The gist of this letter was in the following paragraph: "If your Department is interested in this proposal and willing to cooperate, we shall be glad to receive from you a list of the industrial plants in your jurisdiction including, if possible, the names of the managers, medical officers, or other persons who should be approached. Such approach should properly be made by you but, if you wish, this (State) Department will aid you in this to the extent possible. We shall send a letter directly to the plant managers, expressing our interest in the plan and suggesting that you will probably visit them, or at least be in a position to give them further information on request."

Attached to this letter to the Boards of Health was an outline of a proposal to have blood tests made by private laboratories on a sliding scale of prices, ranging from fifty cents each for 1,000 or over to one dollar each for fifty or less. A list of members of the New Jersey Society of Clinical Pathologists, by whom this plan previously had been approved, was available for reference. All this evidently looked like a lot of work in store for Health Officers as only a few replied and sent the lists of prospective industries.

#### WHY PRIVATE LABORATORIES?

The reasons for endeavoring to have the tests made by private laboratories were two: first, in order to convince the Clinical Pathologists that we had no desire to take their business away from them by universal free testing; and second, because public laboratories were, in the main, overcrowded with the premarital and prenatal tests required by our two new laws, and a greatly increased demand for routine work.

In order to determine more fully the suitability of this plan, a part-time physician was delegated to visit plant officials in an industrial county in the northern part of the state and to get their opinions about this proposal.

The net result of all this has been almost 100 per cent agreement of industry managers with the value of wholesale blood testing, but an equally high percentage of refusals to spend any money for the purpose. There also seemed to be a little fear of difficulty with labor unions, if there should be any appearance of coercion in having such tests made. In order to be well fortified in this latter respect,

we secured from the A. F. of L. a verbal approval of our plan, and from the C. I. O. of New Jersey the following letter:

Department of Health  
Division of Venereal Disease Control  
Trenton, New Jersey

Dear Sir:

The Executive Board of the New Jersey State Industrial Union Council considered the Educational Campaign being waged by your Department to control venereal diseases.

I am pleased to inform you that we endorse your Educational Campaign and will cooperate with it in every way possible.

However, we would like to point out that the basic weakness in the whole set up of venereal disease control in the State is the lack of facilities for free tests and treatments.

Therefore, we urge that your Department request the Legislature to appropriate additional funds for the establishment of free clinics and free laboratories so that the people of New Jersey may have adequate tests and treatments.

Do not hesitate to call upon us if we can be of any assistance to you in fighting this scourge.

Very truly yours,

(signed)

L. H. Goldsmith, Executive Secretary  
*N. J. State Industrial Union Council (C. I. O.)*

This letter is obviously correct about the need for providing free tests. However, we have expanded our free treatment facilities considerably—from 36 clinics in 1936 to 81 in 1939. There is a definite trend for the physicians of New Jersey to be realistic about their fees for the low wage patient. This is evidenced by the increased demand upon the State Department of Health for free anti-syphilitic drugs which are furnished to physicians only when the request is accompanied by a statement that a reduced fee is being paid by the patient for his care. This demand today is just about double what it was one year ago.

#### RESULTS OF INDUSTRIAL TESTS

We found, from various sources, that some industries were having tests made of their employees by sending the blood samples, a few at a time, to the State laboratory and also to the Newark City Hospital. We collected a list of some twenty-five such industries and sent to their plant physicians a questionnaire which read as follows:

Is this blood examination of applicants for employment only?

Does it include all other employees?

If all employees, how many are being tested per week?

Is the submission to the test voluntary or compulsory?

Have there been any objections from the employees?

What action is taken when report is positive?

Applicants

Old employees

Is the local health department cooperating with you?

How many tests have been made and what percentage of positives were found?

Approximate number of employees in plant.

From nineteen such questionnaires that were returned, we learned that 15,340 tests had been made, of which 257 were positive. This is 1.7 per cent. Unfortunately, we cannot break these figures down into whites and Negroes; nor do we know another very important thing—how many of these positive tests were duplicates. The answers to the questionnaire explained that, in general, the tests were voluntary for old employees, but compulsory for applicants for jobs. In most instances, applicants were refused if the tests were positive, but the others were retained if they underwent treatment. There appeared to be good cooperation on the part of employees with this kind of procedure. We believe that the program of education, which has been a part of the work of the State Health Department's Bureau of Venereal Disease Control for twenty years, with the more recent intensive publicity program, together have stimulated a genuine popular interest in the subject of blood tests for syphilis and a willingness to have them made. This is well borne out by the results of our premarital and prenatal tests which make two other very interesting stories.

In addition to the figures quoted previously, we have the following from the eight New Jersey plants of the DuPont Company from 1934 to March 1938. As you know, they have been making tests of all employees for several years, doing the work themselves and, in some places at least, providing treatment when needed. We are informed that these figures include very few Negroes. It is our opinion that the higher rate than in the other industries is due to very sensitive tests and the inclusion of even weak positives.

*Dupont Co.—Eight Plants in New Jersey (1934–1938)*

Total persons examined.....	14,151
Positive .....	564
Percentage .....	4.0%

WHERE THE PROGRAM STANDS

At present, the syphilis control program in industry in New Jersey is making progress slowly. At least two big concerns, General Motors and The Standard Oil plants, both in Linden, are considering group tests. We are endeavoring to get the lowest possible prices from private laboratories with the hope that an arrangement can be made for Kline exclusion tests for screening out the negatives, all positives and doubtfuls to be checked by the State Health Department laboratory.

We are afraid, however, that the private laboratory plan will not be much of a success. Next year we hope to be able to provide some funds from our State Health Department's federal appropriation to subsidize a few public laboratories, thus enabling them to take on additional blood test work from industries. All this ground work will not have been wasted by any means and we can then go full speed ahead.

## OYSTER SHUCKERS AND POTATO PICKERS

This would be a rather colorless story of our efforts to encourage case-finding among employees in New Jersey without the stories of two experiments carried out by the State Department of Health. The first consisted of blood testing 500 Negro workers at oyster shucking plants in a restricted area in the southern part of the state. More than 100 of them were found to have syphilis. A special clinic was established and operated three times weekly, the finances being supplied largely from state funds. This was necessary because such a large amount of work in a small community made the cost too great for local funds to participate at the rate of 50 per cent as is being done elsewhere. It is planned to require attendance at the clinic until 40 treatments have been administered to each patient. After that, they will be considered permanently non-infectious in accord with the recommendations of the Cooperative Clinic Group.

The second story concerns an enterprise carried on with itinerant Negro farm workers in three of our rural counties during the summer of 1939. We can, I hope, assume that farming is an industry and legitimately comes under the title of this paper. The enterprise was inspired by the trailer clinic used in Georgia by the Public Health Service, so well illustrated in the moving picture, "Three Counties Against Syphilis," and described in an article in *Collier's* a few months ago about the so-called "Bad Blood Wagon."

New Jersey has faced social and health problems for many summers due to the influx of large numbers of Negroes from the south to pick potatoes and fruit. Our plan to meet the syphilis part of the problem this year consisted of getting blood specimens from all these immigrants who could be located as soon as possible after their arrival. This was done in the fields, along the roadsides, and in the shacks where these people live, the samples being taken by physicians employed by the State Health Department and the tests made in our laboratory. Those persons whose tests were positive were directed to present themselves for examination and treatment at clinics held weekly in three towns in the farming district. Two clinics were in the evenings and one was on Saturday mornings. One was held in a health center, one in a farmer's barn, and one in a tent. Local doctors were employed to make physical examinations and to give the treatments, assisted by physicians from the State Health Department.

To make a long story short, slightly more than 3,000 persons—men, women, and children—were tested, of whom 30 per cent were positive. Definite diagnosis of syphilis was made on 750 persons, at least one-third of whom were potentially infectious. Approximately 5,000 treatments were given to these 750 people. Particular efforts were made by a corps of nurses—from private and public organizations—to round up the early cases and to insist upon regular treatment, whereas the volume of the work made it impossible to follow up the old cases. It was remarkable how many came to the clinics with no coercion whatever, and waited their turns, sometimes until one o'clock in the morning.

We realize full well the incompleteness of any such procedure. However, it is almost a sure thing that less syphilis was spread in our communities this summer than would otherwise have been the case. Probably of greater importance was the educational feature involved. These folks had personal experience with tests and treatment. They had careful examinations; they saw moving pictures and had a chance to hear and read about the main facts. We are sure that we have sent back to their homes in the south many Negroes who now know much more about "Syphilis—Its Cause, Its Spread, Its Cure" than they did before. Perhaps some will be missionaries in the cause, practicing what we preach by presenting themselves at their home clinics for further treatment with the referral forms that were supplied to them for the purpose, and taking their friends with them as they did here.

This experiment was worth a great deal to us, too, by indicating what can be done under pressure and with inferior facilities. It also served in no small measure to acquaint our own rural people in the areas covered with the facts about syphilis. Cooperation was excellent. Syphilis committees were organized in the granges which, you must admit, are something new. Many farmers insisted that all their employees, white and black, be tested in order to keep their jobs. There is a little talk of requiring these roving folk to have blood tests and statements of the results before coming into the state again. Better yet is a plan to have them tested by our own clinics before they can go to work. At least we stirred up something that created considerable interest and is having many repercussions. I feel sure we shall try it again—doing an even better job next year. We may even have a blood wagon of our own. Stranger things than that have happened in the last three years. If we get around to a real case-finding program, which will dig up a large amount of syphilis among our own people through industries, or in any other way, this experiment in wholesale methods will be of very real value indeed.

**"The cheapest thing we can do with syphilis is to cure it."**

THOMAS PARRAN

*Surgeon General, United States Public Health Service*

## SYPHILIS IN INDUSTRY

THEODORE ROSENTHAL, M.D.

*Director, Bureau of Social Hygiene, Department of Health, New York City*

The past four or five years have witnessed a tremendous and widespread increase in interest in syphilis as a result of popular education on the subject. This interest has been reflected in every walk of life, and it was to be expected that industry in general should be aroused to the problems of the worker with syphilis.

Business concerns, both large and small, have attempted to deal with syphilis; some with a proper realization of all the factors, actual and potential, inherent in so complex a problem, others with a point of view completely obsolete. A wide range of practices has resulted, encompassing in breadth extremes of all directions as well as a broad median and sane policy.

Any consideration of syphilis in industry must first establish the basic medical and public health factors involved, and then take into account the interest of the worker, or patient, the health of his fellow workers and of the community, and the special requirements and interests of the employer.

Discussions of syphilis in industry in the literature are few in number, while information on the prevalence and incidence of this disease in industry is even scarcer. In the first edition of "Modern Clinical Syphilology," Stokes<sup>1</sup> quotes the results of his findings in 1,143 men engaged in industrial occupations, examined for syphilitic infection; of this group 4.2 per cent were found infected. An interesting reflection on the advances made in the public health outlook on syphilis is derived from an inspection of the first edition, dated 1926, in which no mention of prevalence or incidence of syphilis is found in the index, while the chapter on Public Health Aspects and Social Service contain but four or five pages. The last edition, dated 1938, of this invaluable *vade mecum* of the syphilologist does, of course, give proper place and space to these important topics.



In 1934,<sup>2</sup> Long described an excellent syphilis control program conducted in an oil refinery in Texas which is surprisingly complete in view of the date of the paper, at the very threshold of our present day efforts. Long described the examinations of approximately 2500 men and women employed in his organization in which there was a prevalence of about 15 per cent.

The account of Gehrmann's splendid survey appeared in 1936.<sup>3</sup> Of a total of 36,000 employees in factories, mainly in the north-eastern part of the United States, 4 per cent were discovered to have serologic evidence of syphilitic infection. He noted the difficulty of securing, in many cases, the cooperation of the physicians of the various communities in properly treating patients discovered infected as a result of this case finding program.

Surgeon General Parran, in 1937,<sup>4</sup> quoted reports from industrial establishments with employees totalling approximately 150,000 workers and applicants, which showed a rate of syphilitic infection between 5 and 6 per cent.

The New York City Health Department, in the past few years, has had reports from a number of large industrial concerns which make routine serological tests for syphilis on their employees.

**Business Organizations—Routine Serological Tests  
1937-1938**

	<i>Number of Wassermanns</i>	<i>Number Positive</i>	<i>Per cent Positive</i>
Department Store A.....	112	5	4.5
Milk Handlers Concern A.....	1756	59	3.3
Department Store B.....	19	0	.0
Hotel A.....	215	13	6.0
Steamship Line A.....	591	86	14.6
Hotel B.....	1703	133	7.8
Steamship Line B.....	776	128	16.5
Hotel C.....	208	5	2.4
Department Store C.....	49	3	6.1
Department Store D.....	526	33	6.3
Mercantile Organization A.....	40	0	.0
Mercantile Organization B.....	419	13	3.1
Milk Handlers Concern B.....	600	13	2.0
Chemical Plant.....	60	1	1.7
Printing Plant.....	109	1	0.9
Felt Hat Industry.....	143	2	1.3
Fur Shops.....	385	4	1.0

**Microscopic Slide Precipitation Tests**

Office Force Large Industrial Concern...13,242 (Many females in group)	162	1.22
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The prevalence and incidence of syphilis in any industrial group will naturally equal that of the surrounding community. Most syphilitic infections are contracted between the ages of 15 and 30; obviously, the very young age groups as well as the older will not be included in the working population.

### *Worker's Obligation and Responsibility*

As part of the medical workup during employment, or prior to employment, there can be no question of the propriety of a serological examination for syphilis. Such a procedure is in the interests of the individual as well as of the employer or prospective employer. At the same time the confidential nature of the results of such an examination, safeguarded by law in many states and communities, and the realization that basically only a physician-patient relationship exists, must continually be kept in mind by the medical director of the corporation. The fact that the industrial physician is an employee of the corporation gives him no right to inform non-medical personnel connected with the corporation that an employee has a syphilitic infection. If the patient, or worker, is found to have syphilis in a communicable form, then he should be excluded from work temporarily, in the interests of the health of his fellow workers, and treatment given until the patient is rendered non-infectious. Permission to resume work should be given when the patient is no longer infectious. This permits of ideal supervision and cooperation between the health authority and the employer.

When latent syphilitic infection is discovered, this information should be given to the patient and treatment recommended. Where no previous treatment has been given and is indicated, it should be insisted upon, either from the worker's physician or by any other available treatment source. It is the responsibility of the worker to continue under treatment as long as advised.

### *Employer's Responsibility*

In this enlightened era there are still large industrial organizations and even governmental agencies, both local and federal, that refuse to accept for employment persons with syphilis. No attempt is made to determine whether, in the individual case, one is dealing with acute early infectious syphilis, or congenital syphilis, or latent syphilis with adequate treatment and subsequent thorough check-up; employment is summarily refused. This short-sighted policy is bad medical and public health practice, is unsound socially and economically, and should be revised immediately.

All those concerned in venereal disease control agree that health education on these matters is a *sine qua non* to further activities. One of the best practical methods of education of the individual is for him to submit to a blood test and medical examination to determine the presence of syphilis, always as part of a general physical examination.

When information is bruited about a community, or industry, that blood tests are a requirement for employment and that those with "bad blood" are not employed, then all blood tests will be looked upon suspiciously, and few persons will submit voluntarily to such a procedure. The objective of widespread serologic testing of large groups of individuals, an excellent method of case finding, would be defeated. The unlucky possessors of "bad blood" would, if

such pernicious practices were universal, become a mass of unemployables within the community, constituting a great liability, a grave economic burden to the taxpayers, and even a more serious one socially.

The progressive industry, which, through its medical director and very often with the aid of the serologic laboratory maintained by public funds, has discovered a case of syphilis through mass testing of applicants or employees has done a good job of case finding. Confidential relationship must be maintained; medical reports should be kept under lock and key and should be accessible only to members of the medical department. For the information of the Health Department a proper case report must be filed.

Some industries do not routinely examine all employees, but make complete examinations on all food handlers. In this group again one finds a tendency to summarily discharge all employees showing evidence of syphilis. Most Sanitary Codes and public health ordinances require food handlers with communicable conditions to be excluded from such work until rendered non-infectious. The exclusion and subsequent supervision by the health authority has the additional advantage of stimulating the patient to attend his physician regularly for proper treatment.

#### *Responsibility of Health Authority*

The responsibility of the health authority is, first of all, to engage in intensive educational activities, not only among the workers but with the profession. Statements of the facilities for diagnosis and consultation at the disposal of the industrial physician, and, where needed, facilities for treatment should be given wide publicity. Through its epidemiologists, medical and nursing, investigation of sources of infection and contacts is made. Individuals with infectious syphilis who lapse treatment, or discontinue treatment while potentially infectious, must be followed and persuaded to resume treatment.

Moore,<sup>5</sup> speaking editorially on SYPHILIS AND UNEMPLOYMENT several years ago, summarized in concise form many of the debatable points. No one aware of the medical and public health aspects of this problem could disagree with his statements, which apply with equal force today. Stressing the reasons usually given for dismissing persons found infected with syphilis, he stated that they were as follows:

(1) The danger of transmission of the disease to others; (2) the fear that a syphilitic person handling dangerous machinery might endanger the lives of others; (3) the fear of additional financial burdens being imposed upon the company by syphilitic employees becoming disabled and increasing the compensation and insurance expenses.

These arguments as related to the use of the routine blood test as a standard for employment are fallacious.

#### *Things Worth Knowing*

(1) THE DANGER OF TRANSMITTING SYPHILIS THROUGH NON-SEXUAL CONTACTS IS SLIGHT INDEED.

"If the employee has late syphilis (of more than five years' duration) there is no danger whatever of infecting his co-workers. If the patient has early

infectious syphilis, he becomes non-infectious as soon as the diagnosis is made and modern treatment started; and usually remains non-infectious if treatment is prolonged to forty weeks. The blood test is not a criterion of infectiousness as during the sero-negative primary stage or during the infectious secondary relapses the test may be negative, though the patient is infectious; while in latent syphilis, although the test is positive the patient is usually non-infectious. Thus the employer serves society better by retaining the worker and insisting that he receive treatment than by discharging him to unsupervised treatment or none at all.

(2) RISKS ATTENDANT UPON A SYPHILITIC PERSON HANDLING DANGEROUS MACHINERY ARE CONFINED TO INDIVIDUALS WITH CARDIOVASCULAR SYPHILIS OR WITH NEUROSYPHILIS (especially paresis).

"The routine positive blood test does not establish the diagnosis of either of these conditions.

(3) THE FEAR OF ADDITIONAL ECONOMIC RISK BEING IMPOSED UPON THE COMPANY BY INDIVIDUAL'S COMPENSATION AND INSURANCE IS THE GREATEST OBJECTION TO THE EMPLOYMENT OF SYPHILITIC PERSONS.

"There is no evidence (excepting in rare cases) to indicate that a syphilitic worker, who does not have cardiovascular or neuraxis involvement, is any more likely (a) To be involved in accidents than is his non-syphilitic brother; or (b) If involved in an accident to suffer any more serious or prolonged disability; or (c) To suffer more severely from intercurrent non-syphilitic disease; or even (d) To undergo material shortening of his life's span."

While some information is available to the effect that there is a decrease in the life expectancy of white males due to acquired syphilis,<sup>4</sup> this fact does not seem to have been utilized by any life insurance companies. It is not routine practice with insurance companies to make blood tests for the presence of syphilis in the absence of specific indication.

A variety of problems of workers with syphilis, both on the part of the employee, and from the side of the employer, have come to the notice of the Bureau of Social Hygiene in the past few years. As an example of excellent cooperation can be cited the action of a small factory located in a crowded portion of the city and employing several hundred female workers. Without any persuasion or solicitation from the health authority, and on its own responsibility, this organization paid a physician to make thorough examinations and blood tests on all of its workers; all patients found infected with syphilis were referred to a clinic or physician, (low wages for this work almost entirely precluded private care) and were required to bring weekly a record of attendance and treatment. All persons found to have syphilis in a communicable form were excluded from work, but promptly re-employed when they became non-infectious.

A curious example of misdirected zeal was found in the case of the employees of a philanthropic foundation, all members of a labor union, and who were earning rather high wages. All of these employees were compelled to go to one physician for examination and blood test. Those found infected had the choice of either attending a free clinic located at considerable distance from their homes, or going to the office of this physician for treatment. The fees for this treatment were deducted from the weekly paychecks of the employees!

These problems were becoming such a live issue in New York City that a conference of medical directors of large industrial organizations utilizing the services of the serologic laboratories of the Health Department was held in December 1937. A discussion of practices in these large organizations revealed a surprisingly good level of performance and practice in connection with employees or prospective employees suffering from syphilis. As a result of this conference certain principles of procedure were agreed upon, and a written agreement drawn up, to which all enthusiastically agreed.

As Medical Director of the (Company) I agree to the following:

1. All reports made by the Department of Health to me concerning employees or prospective employees will be kept absolutely confidential, as required by Section 88 of the Sanitary Code.
2. All cases of venereal disease discovered will be reported on the official forms supplied by the Health Department, as required by Section 88.
3. All individuals found infected with Syphilis or Gonorrhea as a result of these tests will be treated by us or referred for appropriate treatment, and will be followed up to ascertain whether they continue under treatment.
4. No discrimination will be practiced on employees or prospective employees because they show evidence of venereal disease on laboratory tests but are otherwise physically fit for the employment which they have or seek.

(Signed)....., M.D.

Medical Director

Contrary to the experience of Gehrman, the New York City Department of Health has found the highest degree of cooperation extended by practitioners in their relations with employees of industrial concerns, as well as with the Health Department. The physicians of the city have treated patients found infected as a result of these case finding procedures (none of the industrial groups provide treatment themselves), making reports promptly to the employers, and complying with all of the regulations of the Health Department. The Health Department in turn has placed its diagnostic facilities, including darkfield examination and serologic laboratory, at the disposal of practitioners acting either individually or as medical directors of industrial concerns. Anti-syphilitic drugs are distributed without charge to those physicians who request them.

As a result of this informed attitude on the part of the profession and medical directors of corporations, aided by the educational efforts of the Health Department, instances of unjust dismissals in industry because of the presence of syphilitic infection are becoming rare, indeed, in New York City.

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## EFFECTS OF SYPHILIS ON HEALTH AND EARNING POWER

ALDEN LILLYWHITE

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This article is the concluding chapter of a study entitled "Some Social and Economic Implications of Syphilis Among Relief Applicants in Fulton County, Georgia," made by the county FERA staff under supervision of the author. It points out that in the preceding pages of the study the prevalence of syphilis and some of its effects on health and earning power have been considered in detail. It is the writer's purpose in this, the final chapter to briefly summarize the findings and present some conclusions.

The data show that 18.7 per cent of the 5,575 unemployment relief applicants studied in Fulton County, Georgia, gave positive reactions to Wassermann tests, and that syphilis was found to be almost five times more prevalent among the Negroes than among the whites. Although Wassermann tests do not reveal all cases of syphilis, and the sample is not representative of the population in Fulton County, the study does indicate the prevalence of the disease among the underprivileged groups in this section of the United States.

Three-fourths of those who had syphilis were between 16 and 40 years of age and most of them were heads of families. It should be remembered that these data relate to age at the time infection was discovered, not at the time it was acquired. Relatively few cases of syphilis were found among the group 50 years of age or over. This fact indicates, although it does not prove conclusively, that syphilis had disabled or even eliminated many of its victims by the time they reached the upper age groups, and thus, a disproportionately smaller number of them are found among persons applying for work relief.

These facts about syphilis suggest some of its wider social implications. Youth frequently is unfamiliar with the symptoms, or does not realize their seriousness until the damaging effects on mind and body manifest themselves. The largest number of syphilitic infections are acquired in the age groups

during which the largest number of marriages occur. Young people meet many difficulties in early married life and when such health tragedies also confront them, the marriage is often unable to survive. Expense of treatment, loss of wages and worry result in emotional strains. Lives are shattered, homes broken, health and abilities dissipated and hopes, aspirations and ideals lost.

Of all relief applicants in Fulton County who had syphilis, 81.5 per cent were or had been married previously as compared with 76.5 per cent of the negative cases. It has been stated that the chances of an active syphilitic husband infecting his wife are 12 to 1 during the first year, and 5 to 1 during the second. In addition to the possibilities of infecting the marriage partner there are dangers of congenital transmission of the disease and infection of living children within the family. More than 90 per cent of all women studied were in the child-bearing age.

Relief applicants who had syphilis generally had completed fewer school grades than non-syphilitics. The median school grade was 5.7 for syphilitics, while it was 6.0 for non-syphilitics. Whites had completed more school grades than Negroes, and the females in both races had reached higher education levels than the males.

Occupations of the syphilitics are important not only because of the resultant disabilities of the disease, but because it is communicable. The latter problem is particularly important in Fulton County because of the extensive use of Negro personal and domestic service workers in homes, and because of the high prevalence of syphilis among Negroes. The usual occupation of a substantial proportion of all persons studied was in unskilled jobs. Thirty-four and five-tenths per cent were personal and domestic service workers; 37.2 per cent were unskilled laborers, 15.4 per cent were skilled, 10.1 per cent were semi-skilled, and 2.8 per cent were professional and technical workers. Forty-one and one-tenths per cent of the personal and domestic service workers, and 36.4 per cent of the unskilled laborers gave positive reactions to the Wassermann tests, while the greater majority of the other groups gave negative reactions.

The high proportion of positives for the personal and domestic service workers resulted from the over representation of Negro females who constituted 82.8 per cent of all syphilitics in this group.

Syphilis is not only one of the leading causes of death, but it simulates and complicates almost every condition known to internal medicine. It causes blindness, loss of mental facilities, defects of the heart, paresis, and aggravates other pathologic conditions. Wherever the germ has multiplied in the body, there tissues are destroyed; brain and bones are favorite sites. One of the major purposes of this study was to compare the health of the syphilitics and the non-syphilitics. Comparable data were obtained from two sources; complaints by the applicants, and physical examinations.

Syphilitics complained of more major ailments than non-syphilitics, females made more serious complaints than males, and Negroes more than whites. The most frequent complaint of the syphilitics was dizziness and high blood pressure, while the second in frequency was nervousness. This order was reversed by the non-syphilitics.

Although there are many qualifications in comparing the health of the two groups from the data available, they indicate that persons showing negative Wassermann reactions were found to have fewer serious physical defects than those showing positive reactions. More than one-fifth of each group (positives and negatives) had one or more specific heart defects and this ailment was slightly more common among the former than the latter group.

The abnormal condition found most often was defective teeth; 61.5 per cent of the negatives and 65.7 per cent of the positive cases having one or more teeth defects. Approximately one-third of all persons examined had defective vision, and this condition was more common among positive males than positive females, but was less common among negative males than negative females.

More negative than positive cases had lung trouble and Negro females showed a very small proportion with this defect. Substantially more syphilitics than non-syphilitics had pains in the upper and lower abdomen which was also true in the case of gonorrhea sores, urinary sinuses and other conditions included under the general heading "Genito-Urinary." Other defects affecting substantial numbers of persons were hernia and varicositis. In considering these data it should be remembered that they relate to employable relief cases, and not those unemployables whose health prevented them from working.

From the statistical comparisons made it appears that the health of persons showing positive reactions was not as good as the health of persons showing negative Wassermann reactions, although the differences as shown by the data were not great. In fact, some defects were more common to the negatives than to the positives. Nevertheless, these data and other information available indicate that the effects of syphilis on the health of the unemployed in Fulton County are serious.

Syphilis is now recognized as a leading cause of fetal mortality. Information regarding fetal deaths was not obtained in this study, but all women were requested to state the number of miscarriages and live births they had had. These data show little difference in the proportion of syphilitics and non-syphilitics who had miscarriages. However, 89.0 per cent of the women without syphilis as compared with 54.4 per cent of the syphilitics had given birth to living children. On the other end of the scale, 10.0 per cent of the non-syphilitics and only 2.8 per cent of the syphilitic women had given birth to six or more live children. Of all syphilitic women who had not given birth to live children, 18.3 per cent had had abortions. Of all non-syphilitic women who had not given birth to any live



children, 12.6 per cent had one or more miscarriages. Syphilitic women who had no live births had more abortions than non-syphilitic women who had not given birth to live children. In 1934, one-fourth of all deaths due to syphilis in Fulton County, and 13.2 per cent of those in the State were persons under one year of age.

One of the primary purposes of the present study was to compare the ability to work of syphilitics and non-syphilitics. On the basis of the medical examination each person was given a rating denoting the type of labor he was able to perform. Fifty-one and nine-tenths per cent of the syphilitics were able to do hard labor, as contrasted to 62.0 per cent of the non-syphilitics. The proportion of positive cases able to do only very, very light work (6.7 per cent) was almost twice as high as the proportion of negatives (3.7 per cent) in this class. Almost three times as many syphilitics as non-syphilitics had an acute illness amenable to treatment. They were returned to the direct relief rolls, and given treatment.

Age is an important factor in relation to ability to do physical labor. Consequently, employability of persons in each of the major age groups was determined. More non-syphilitics than syphilitics in every age group were found able to do normal work. Almost 5 per cent more of the negative than positive youths, under twenty years of age, received an "A" rating. And debility that comes with advanced age was more pronounced among syphilitics than non-syphilitics. Sixty-eight per cent of all non-syphilitics over sixty years of age were not able to do any work as compared with 83.4 per cent of the syphilitics in this age group.

In the age group when man ordinarily reaches the height of vigor, 20 to 40 years, the disabling effects of syphilis are most apparent. Seventy-eight persons out of every hundred in this group who did not have syphilis were able to do normal work, while only sixty out of every hundred who had syphilis were able to do similar work.

These data do not show the effect of syphilis in causing the resulting disabilities. Even the medical profession has been unable to definitely establish the relationship between syphilis and many of the disabilities shown by its victims. However, the data do strongly indicate that syphilis leads to general disability, although in specific ailments it is not necessarily the major cause.

It seems a safe assumption to make that the disabilities resulting from syphilis have reduced many to dependency. Many of the afflicted persons will never be able to earn a livelihood for themselves and their families unless treated. All of the persons included in the present study were dependent on the public for their support and for the costs of treatment. They, and thousands of others, will constitute a permanent burden on society unless effective remedies are found. Thus, not only does syphilis rob the commonwealth of productive power through death, but the lives it damages without causing death constitute a much costlier burden. Fortunately, the remedies

are not largely dependent upon further medical research. They are dependent upon social action, and a close cooperation between the medical profession, the public health authorities and the general public.

Medical research has discovered the germ from which syphilis originates, the symptoms of the disease, the ways in which it is transmitted, and the cure for it. The reduction of the morbidity rates for syphilis in Fulton County and the country at large is dependent upon the establishment of adequate detection and treatment facilities, the enforcement of legislation embodying effective public health measures, and an intensive educational program that reaches all the people.

During the present study the fact was forcibly brought out, in talking with the syphilitics, that many of them were totally unaware of their infection. The need of adequate measures for detection of the disease is important. People must not only be made aware of the symptoms and how to detect presence of infection, but cases must be reported to the public health authorities. Those authorities must be authorized to insist that infected persons obtain treatment and that those persons who have been in contact with active cases are examined for the disease.

Treatment not only is expensive but must take place over a long period of time. Adequate facilities for such treatment must be provided out of public funds for those who do not have sufficient resources to pay for it themselves. In Fulton County, as in most areas in the country, the public resources are inadequate.

The educational program should not only emphasize the seriousness of the disease, but should give information as to the ways in which it may be prevented or arrested, and where to get this care. In the past and at present many of our population are unaware that syphilis is more serious than gonorrhea. Some think it is the second stage of the latter disease, and under-emphasize the need for treatment. Such misunderstandings must be eliminated from the minds of the American people and education is the remedy.

Unfortunately, the author has been unable to present detailed information regarding the facilities in Fulton County for the detection, treatment, and prevention of syphilis. Hence, specific suggestions are not presented as to how those facilities might be improved or enlarged. This study, however, has indicated that the foci of such a program might well be centered around the lower economic groups of the county as a starting point. This suggestion bears further weight when it is remembered that other studies have shown that there tends to be a correlation between lack of education and the acquisition of the disease.

Fatalism and skepticism have no place in the philosophy underlying the control and prevention of communicable diseases. The history of medical progress has repeatedly proven that disease can be conquered. With the combined efforts of medical and public health authorities, educators and the public, syphilis can be conquered next.

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## INDUSTRIAL PLAN OF THE DELTA AND PINE LAND COMPANY OF MISSISSIPPI

OSCAR JOHNSTON

*President, Delta and Pine Land Company of Mississippi*

The Company is a corporation established under the laws of the State of Mississippi, owning and operating here in the Scott plantation 38,000 acres of land, of which approximately 8,500 are planted to cotton, approximately 8,000 to food, feed and forage crops, the balance being occupied by pastures, woods land (for fuel purposes and grazing), road ways, drains, house sites, etc.

The corporation was chartered under the laws of the State of Mississippi, in 1886. It was originally incorporated by a group of investors for the purpose of purchasing lands in the Delta area of Mississippi and in the pine woods section of the state, which had been forfeited to the state, or acquired by the state, by reason of tax foreclosures. The charter has a peculiar value in that it was granted during a brief period in the history of Mississippi, when, probably through oversight, the state failed to reserve to itself the right to regulate, modify, or cancel charters of incorporation. Accordingly it constitutes a contract between the State of Mississippi and the corporation, which may not be abrogated by the state. There are only two such charters in existence. The corporation, under its charter powers, has perpetual existence, and particularly it has the right to own lands without limitation as to quantity or value, and to use these lands for agricultural purposes, as well as to engage in merchandising, manufacturing, or in fact any normal business that may be carried on by an individual.

Since that time the legislature of the state has limited to a maximum of 10,000 acres the amount of land which may be owned by a corporation, and operated for agricultural purposes. The limitation has no application. The promoters of the present enterprise acquired options on the lands embraced in this plantation, and subsequently acquired the franchise and charter of the corporation, so that title to our property

was taken in the name of the corporation. Lands in various sections of the state that had been formerly acquired were all disposed of, and since 1912 the Company has engaged exclusively in the operation of this plantation.

A majority of the stock is held by a group of cotton spinners in Manchester, England, known as the Fine Cotton Spinners and Doublers' Association, Limited. The property was originally acquired with the thought that cotton could be produced here in the Mississippi Delta comparable to that produced in the Valley of the Nile (Egypt) and in Peru. For reasons unnecessary to state here, it was found this was not the case. The Fine Spinners spin almost exclusively the Egyptian and Peruvian types, so their original plan miscarried. The property is now operated just as any other farming operation in the Mississippi Delta, and the cotton produced thereon is sold to the mills and cotton merchants in America.

The operation is frequently referred to as that of an "English Syndicate." This is not accurate. As stated, the corporation is a Mississippi corporation; the officers, including the Board of Directors, are all resident citizens of the State of Mississippi, most of them natives. The tenants are all Mississippi negroes. The property finances its operations in America, and disposes of its saleable commodities in American markets.

We have on the property 821 Negro tenant families. These families represent 3,115 persons and are what are commonly known as "share croppers." Our company provides the families with a house, a well or pump, a kitchen garden spot, access to woods land for fuel, and pasture for sufficient cattle and hogs to provide meat and milk. Each family farms an average of ten and a fraction acres of cotton and approximately two acres of corn. The Company provides live stock and equipment for farming the cotton and corn land, garden, and for hauling fuel. The Company provides planting seed for cotton. The Company provides fertilizer for the cotton land, and defrays the cost of insecticide work. The tenant is charged with one-half the cost of fertilization and insecticide. The tenant supplies the labor with which to plant, cultivate, and harvest his crops. For the corn land the tenant is charged a cash rental. The cotton and cottonseed produced are for the joint account of the Company and the tenant, each having a fifty per cent interest therein. To provide sustenance of the tenant during the season, an appropriate line of credit for the tenant is established at the beginning of the year. At the end of the year the Company purchases the tenant's share of the cotton and cottonseed. From the proceeds of the purchase price the Company deducts such sums as may have been charged during the year because of the credit extended for goods, wares, merchandise, money and services; the balance is paid to the tenant in cash. The Company works an appreciable acreage to corn, oats, peas, beans, alfalfa, and other food, and forage crops. The services of the tenants are employed in this work, and for these services they are paid

the prevailing day wage in cash, thus being enabled to supplement the credit allowed them.

The tenants are encouraged to own a cow or cows, hogs, chickens, and to make a kitchen garden. Of our families 74.3 per cent had kitchen gardens in 1939; 89.8 per cent had poultry; 88.9 per cent had hogs, 46.7 per cent had milch cows, 26.6 per cent had automobiles. Much has been said about the uncertainty of tenure of the "share cropper." The average tenure of the 821 families on this place is 13.4 years.

The credit provided these 821 families amounts annually to an average of approximately \$155,000.00 per annum. The Company has no security other than the statutory landlord's lien upon the tenant's share of the crop. For the past seven years the loss by reason of failure on the part of the tenants to pay has been negligible, amounting in the aggregate for the entire period to less than one per cent. During these seven years the tenants have paid their accounts without recourse to payments received by them under the Agricultural Adjustment Program. Such payments, during the past seven years, have amounted to an average of slightly more than \$100.00 per family per annum and are made directly to the tenants by AAA checks. The tenants are at liberty to cash these checks when and where they please. It is interesting to note, however, that they are cashed here at our office.

The foregoing information is given to provide a comprehensive background as to the nature of the operation. Now, with respect to the specific subject matter in question—health and hygiene: The Company maintains and operates a thirty-bed hospital under the immediate care of a white, graduate, registered nurse, who is assisted by two or more practical nurses (Negro women), and a Negro male attendant. The hospital is served by an ambulance, and although somewhat crude, it provides excellent facilities. The Company employs the all-time services of a physician, who is provided with an office, medicines, surgical implements and equipment, equipment for diagnosis, etc. The Company operates a drug-store under the supervision of a licensed graduate pharmacist. Both the pharmacist and the physician are salaried employees of the Company.

The annual aggregate cost to the Company for the operation of this Department is approximately \$20,000.00. Each tenant family pays into the medical fund a service charge of \$1.00 per "cotton acre" per annum. Thus the 821 families, who in 1939 farmed 8,516 acres of cotton, have paid into the medical fund for this year \$8,516.00. This fund is supplemented by nominal fees charged by the physician for casual office consultations, which do not result in hospitalization or continued treatment, and by relatively nominal fees charged if the physician is asked to treat a tenant in the home of the tenant rather than at the hospital. The purpose of these charges is to prevent imposition, and to induce general use of the hospital. The fund is further supplemented by a charge of 10 cents a week charged to and deducted from wages of day laborers other than farm tenants,

i.e., operators of cotton gins, drivers of automobiles and trucks, mechanics, etc. The aggregate reimbursement of the medical fund ranges from \$10,000.00 to \$12,500.00 per annum, leaving a net cost to the Company of from \$7,700.00 to \$10,000.00. For surgical treatment, for which the facilities of the Company are not adequate, the Company has an agreement with the two leading surgeons at Greenville, Mississippi, under which agreement major operations are done by these surgeons, the cost being defrayed by the Company and debited against the Medical Department.

For the charges aforesaid, both tenants and wage hands are entitled to hospitalization and medical attention without further charge or cost. This privilege is available to all dependent members of the family of the tenant or wage hand residing upon the plantation.

In an effort to improve health conditions, to make more valuable the services of the labor, and to reduce the cost of operating the Medical Department a consistent campaign has been conducted for the past twelve years to improve the general health of the population of the property. Intensive campaigns to reduce the prevalence of malaria have been conducted with marked success. At present experimental tests are being made to determine the relative value of quinine and atabrine in the treatment of malaria, and to determine the extent to which, if at all, atabrine will provide immunization. For these tests two units of the plantation were selected, each having a population of approximately 150 persons. Typhoid prophylaxis has been used with eminent success. We have not had a death from typhoid fever on the property during the past nine years. During that same time we have had some six or eight sporadic cases, usually traceable to outside infection. Up to 1929 for some years pellagra affected approximately ten per cent of the persons comprising the tenant families, reaching a peak in 1929 of 365 cases treated by our physician. This disease has been almost completely eliminated. Rarely is a case now seen. This was accomplished by inducing the tenants to have kitchen gardens, and, therefore, fresh vegetables in season, and canned vegetables through the year; to have poultry with which to provide occasional fresh meat and eggs; to have milch cows. This was supplemented by an intensive educational campaign, and by treatment, including the use of brewers yeast, malted milk, and tomatoes.

With regard to venereal diseases:—In 1928 we began a most intensive campaign to control syphilis and gonorrhea. Physical examinations were made of nearly 4,000 persons. Approximately 24 per cent showed positive Wassermann tests. During the years 1928, 1929, and 1930 this campaign was continued intensively. A distinct improvement in health conditions resulted, both as to general health and venereal troubles. We were, however, unable materially to reduce prevalence of either of the social diseases due to continued and constant infection from outside sources. We have continued this work to the present time. During the current year we have had the assistance of periodic clinics established by the State Health



Department with the help of Federal funds. Notwithstanding these efforts, the percentage of infected persons is not materially lower than at the beginning of the campaign. Our experience in this particular leads to the definite conclusion that for real beneficial results the campaign must be nation-wide, and should be made compulsory. I should regard it most fortunate if the government, in conjunction with the several states, would arrange to conduct simultaneously throughout the nation an intensive campaign against these diseases, and would advocate compulsory examination and treatment of every man, woman, and child in the nation. I am inclined to the idea that only by such drastic methods can real results be achieved.

With a gross population of approximately 3,700 human beings, I believe that the health of this community is distinctly above the average. Infant mortality is materially below the average of the state; there is no unemployment; and excluding agricultural benefit payments and occasional old age pension payments, there is no relief and no public works or WPA.

We are now closing the 1939 season. Our tenants have made excellent cotton crops, have paid their accounts, and, exclusive of government payments, have drawn an aggregate of approximately \$125,000.00 in cash for their share of the crops, this being exclusive of cash paid them during the year for day work.

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#### INCIDENCE OF SYPHILIS AMONG INSURANCE POLICY HOLDERS AND OTHER PERIODIC HEALTH EXAMINEES \*

*A Study of 19,446 Cases*

James J. Short, M.D., and Margaret F. Kelley, M.A.

For about eight years, records have been accumulating in the Life Extension laboratories in sufficient numbers to warrant definite conclusions as to incidence of syphilis in a certain element of the population. This population may be regarded generally as a stable white portion of the citizenry, 80 per cent male and 20 per cent female. All groups presented were in good economic circumstances. Of these, over 10,000, classified as "Non-insurance," during the years 1928-1931 inclusive, provided for their own periodic health examination.

Our studies for the past two years, by means of the Kline test, differ from our previous studies as to the geographical distribution of cases, since the specimens were submitted by life insurance policy holders throughout the entire United States and Canada instead of being limited to the confines of New York City. Substantial amounts of life insurance were carried by this group. In occupation they were approximately 70 per cent executives, 20 per cent professional, and 10 per cent miscellaneous. Our results would indicate that among the white population of the country of such economic level as to be able to carry life insurance the incidence of syphilis as judged by serological tests averages between 1 and 2 per cent.

The prevalence of syphilis was somewhat higher for the metropolitan area than that for the country as a whole. The figures for this class of individuals in and around New York in three separate studies from 1928 to 1932 were 2.06, 2.28, and 1.80 per cent respectively, whereas those found for the country as a whole in the years 1937-1938 were 1 per cent in each instance. The general average of definitely positive results for the entire group was 1.77 per cent.

\* From the *Proceedings of the Life Extension Examiners*, January, 1939.

# NEGRO INSURANCE COMPANIES AND SYPHILIS CONTROL \*

WILLIAM GEORGE TYSON, M.D.

I realize that the question of syphilis in its relation to insurance is most vital. I realize also that the information obtained as the result of a simple questionnaire which I sent out cannot be relied upon to give complete and reliable facts. I had hoped, however, to gain some information as to the administrative policies of the insurance companies regarding the control of syphilis, which might stimulate sufficient interest to encourage further activity. As a result there might be a round-table discussion of the problem at some later date, by a selected committee from the National Medical Association and representatives of the different insurance companies.

With this thought in mind, I prepared the following questions and sent them to the Medical directors of approximately thirty Negro insurance companies:

- I. *Do you make routine blood tests on all ordinary applicants? If not, why?*
- II. *Do you recommend a routine blood test on all ordinary applicants?*
- III. *What was your average mortality rate (ordinary and industrial) 1938, in which syphilis was a known factor?*
- IV. *What measures have you taken to attempt to lower this rate?*
- V. *How can the insurance companies, in your opinion, help in lowering the high death rate due to syphilis and its sequelae?*

## SOME TYPICAL REPLIES

- I. *Do you make routine blood tests on all ordinary applicants? If not, why?*

To this question all of the companies answered "no." Although it is impossible to give all of their various reasons, it is interesting to consider some of them in our attempt to proceed in a more organized manner.

*"We do not make routine blood tests on ordinary applicants. The reason for this is, the larger number of applicants would not stand for this as it is not the routine of the large number of life insurance companies doing this type of business."*

*"I am quite sure if all companies required the blood tests, no company would have trouble in securing the routine blood tests"*

\* Address presented at a meeting of the National Medical Association, New York, N. Y., August 14, 1939.

on all ordinary applicants. In taking the physical examinations we require, it is a matter of volunteer on the part of the applicant, for as you know, he does not have to take your insurance. In order for him to take the insurance and for the examiner to examine him, it is necessary for us to follow the routine practice of the companies doing this type of business."

"We do not make routine blood tests in our laboratory here. We believe the general public is not yet sufficiently prepared to accept routine blood examinations in connection with life insurance applications. On ordinary applications for small amounts, the extra cost prohibits this as a routine procedure."

Most of the companies required blood tests made whenever the medical examiner suspected a syphilitic background, and also when the insurance applied for amounted to \$5,000.

## II. Do you recommend a routine blood test on all ordinary applicants?

Most of the companies answered "yes," "when indicated," and "according to the examining physician's judgment." Only one company mentioned the expense, stating "If premiums could be raised to defray the additional expense, this would be an interesting and useful procedure." Four companies answered "no."

## III. What was your average mortality rate (ordinary and industrial) 1938, in which syphilis was a known factor?

This question stimulated interesting discussion from most of the companies which answered the questionnaire. In only two instances were figures given, one company stating that the "mortality rate on ordinary and industrial applications for 1938 averaged about 3 per cent," and another company stating the "death rate on the Industrial Weekly Premium-Paying Business in 1938 was:

Cause of Death	Colored	
	Death Rate per 100,000	Percent of Deaths from All Causes
Syphilis, l.a., & g.p.i. ....	47.1	3.7
Syphilis (so reported) .....	36.2	2.8
Locomotor ataxia .....	1.0	.1
General paralysis of the insane .....	9.9	.8

Most of the companies had on record no mortality rate from syphilis "as a known factor," this being due

"to the fact that doctors, in too many instances, do not always give the true cause of death if due to syphilis, because they know that the claims would be contested;"

"The larger number of doctors attending patents prior to their death do not at all times place on the certificate the correct cause of death. The attending physician is afraid this will have a little to do with the adjustment of the death

*claim, and for that reason bears to the policyholder on what he places on the certificate;"*

*"We insure applicants giving a history of having had syphilis in the past who also give a history of having had thorough treatment for the same, with an extra mortality of 50 per cent. Those not having thorough treatment are declined."*

#### IV. What measures have you taken to attempt to lower this rate?

Some of the companies answered "*none taken*" because syphilis was not actually given as the cause of death by the physician who signed the death blank. Other interesting answers follow: "*Wherever we have reason to suspect a syphilitic background, we ask for a serological examination.*"

*"We have joined in with the Surgeon General of the U. S. to do all we can to help fight Syphilis and advise everybody we come in contact with to have blood tests. We have sent out thousands of copies of health literature in the states where we operate to try to teach the people the necessity for blood tests."*

*A careful physical examination and history-taking on the part of the examiner and not mere "seers", as one medical director, put it.*

*Advising medical staff to be on the alert for all symptoms that would suggest syphilis.*

*"We try as best we can with limited finance to advise policy holders through education and health consciousness."*

#### V. How can the insurance companies, in your opinion, help in lowering the high death rate due to syphilis and its sequelae?

*"By making routine blood tests on ordinary applicants."*

*"By cooperative efforts in educating, distributing literature to their policy holders, advising them of the necessity of periodic blood test."*

*"By selecting higher type examiners and paying better fees, by selecting better trained agents, by giving special instructions to examiners and agents, by giving periodic free health examinations to policyholders, by educating the policyholders through doctors, nurses and literature."*

*"By helping to support clinics for the examination and treatment of Syphilis to patients who are unable to pay for proper treatment, and by the distribution of health literature."*

*"I do not believe that this question should be limited to Life Insurance Companies only but feel that all agencies interested in public health and welfare work should educate people as to the methods of recognition and treatment of this disease. Unfortunately the question of morals is still entangled with the problem and it is important to make it clear that syphilis is a disease and not a sin."*

## SUMMARY

- (1) Routine blood tests are not made on all ordinary applicants. Blood tests are made when the examiner suspects a syphilitic background or when the insurance applied for amounts to \$5,000. (Wassermann and Kahn tests mentioned.)
- (2) The general public is not prepared to accept routine blood tests in connection with insurance examiners.
- (3) Syphilis rarely is reported as such by physician and therefore no mortality rate is kept by most insurance companies.
- (4) Thoroughly trained medical examiners are emphasized, and also paying of better fees.
- (5) Cooperation with the U. S. Public Health Service Venereal Disease program and with other public health and welfare agencies.
- (6) The insurance companies agree that the routine blood test is the most effective way to reduce the mortality rate due to syphilis.

## CONCLUSION

It is suggested that, from the National Medical Association membership, a well-selected committee be appointed. This committee is to meet with representatives of the insurance companies and enter into a round-table discussion of the whole problem. The problem is so great and far-reaching that the best and most experienced assistance should be called upon.

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## INDUSTRIAL ANTI-SYPHILIS PROGRAMS AT WORK

Numerous industrial organizations have launched systematic programs for educating their employees regarding the dangers of syphilis and gonorrhea and for securing treatment for those who are afflicted with one or both diseases. Believing that their experiences may prove valuable to other concerns, some of these organizations have sent reports of their activities to the American Social Hygiene Association.

The enterprises selected for this digest include a department store, a foundry, a tractor company and a packing company. They represent a cross section of business enterprises operating under a variety of conditions and employing different types of wage earners.

The following are excerpts from these reports. For obvious reasons, the name of the firm that sponsors the program has been withheld:

### EXPERIENCE OF A SOCIETY OF EMPLOYEES IN A LEADING DEPARTMENT STORE

After employment,\* the members of the society received periodic health examinations after eighteen months of membership and about every eighteen months following this. The purpose of this examination is to detect functional disturbances which may impair health and to detect unsuspected diseases so that treatment may be instituted, as well as to recommend changes if the type of work no longer is suited to the individual's health. This examination has become gradually more complete so that it now includes a routine x-ray examination of the chest (to detect early cases of tuberculosis), a routine urinalysis and hemoglobin determination.

About two years ago, following a local campaign acquainting our members with the syphilis problem, we began to do routine Wassermann tests as part of the periodic health examination. At that time there were 36 known cases of syphilis among our members.

Since February 1938, 7259 Wassermann tests were made and 90 additional cases of syphilis were discovered, giving us the present total of 126 known cases of syphilis. Among our colored employees the incidence was found to be particularly high (17.6 per cent). A large proportion of these people are foodhandlers. Of the positive cases 94 were latent without symptoms and the remainder had definite signs of the disease, referable to the central nervous system, heart, arteries, skin and eyes. Two had primary lesions with negative Wassermans.

Our procedure in handling these cases is as follows:

1. *After a positive Wassermann report is received* the test is repeated to rule out the possibility of error. If the second report is positive the employee is examined by the doctor to confirm the diagnosis and determine the status of the case. The employee is tactfully informed that he has the disease. He is assured that it usually can be cured by proper treatment. The conditions resulting from untreated cases, i.e., effect on the brain, heart, etc., are explained.

He is informed that only those members of the medical staff handling his case know of his condition and that the matter is held strictly confidential. He is assured, moreover, that it will not affect his job in any way, provided he takes treatment regularly.

\* It is becoming generally recognized in business and industry that examinations of applicants for employment should include tests for syphilis and gonorrhea in the interests of employee, employer and the public. (Editorial Note)

It is explained to him that the employers interest is only in seeing that he may be cured by getting these treatments; that the check-up is merely to make certain that he goes to his own doctor or to a clinic when necessary, and that he does this regularly.

The object of this procedure, of course, is to obtain the employee's confidence and cooperation.

2. *It is important to obtain details*, such as the age of the infection; to try to determine the source of the infection; to tell the patient it is advisable that his family also have blood tests and a medical examination.
3. *If the patient is a foodhandler*, he is told that the law requires him to be passed by the Board of Health before he can begin (in the case of a preemployment examination) to work, or in the case of an employee, before he can continue to work. It is determined whether he is to be treated privately, by a voluntary clinic, or a Health Department clinic. If by the Board of Health, he is sent with a note from the department physician explaining that he is to be treated there and requesting a note probating him as a foodhandler. If treatment is to be given elsewhere, he must obtain a note from the agency which treats him, stating that he is receiving such treatment. He must then take this note to the Board of Health and ask that Board to give him a note probating him as a foodhandler.
4. *A personal interview with the employee* about every three months helps him to retain his confidence, especially as by this time he is convinced that his job is not affected.

The society makes no attempt to treat these cases but refers them to their physicians (75 per cent) or to clinics (25 per cent) for treatment. It should be emphasized again that these medical records are confidential and medical information is not available to the management or to fellow employees. If disease in an infectious state is found, the person is put on the sick list and receives sick benefits until he has had sufficient treatment to make him non-infectious.

There is no doubt that the treatment which these 126 employees are receiving will in a large measure prevent complications, future disability and in some cases premature death. It will conserve their earning capacity. By preventing certain complications of the disease it will probably in some cases prevent accidents.

### A SAFETY AND HYGIENE PROGRAM IN A SMALL FOUNDRY

The material in the account which follows, has been taken from a printed report by the president of a foundry. His report included other health measures, especially those in connection with safety measures and with occupational diseases such as tuberculosis and silicosis. The excerpts in this article relate particularly to the company's experiences in regard to syphilis and gonorrhea:

#### Physical examination policy

We had been physically examining new employees since 1927 and old employees at intervals, but without blood test or chest x-rays. Re-examinations were made irregularly and our policy has been to examine employees at the company's expense as often and whenever the company sees fit. New applicants for employment are examined at the company's expense.

We wondered what the shop reaction would be to the addition of the blood test and chest x-ray to the regular physical examination. In the routine check-ups, we had treated each case as an individual problem. Each man conferred with the examining physician who made recommendations concerning any physical defect that should be discussed with the employee's family physician. However, in anticipation of the blood test, we thought it would be well to contact our local city health commissioner. He, in turn, suggested that the State Department of Health would be glad to assist us . . .

The physical examinations were made at our plant first aid room, while the blood tests and x-rays were made on order at ..... Hospital. The men were taken to the hospital in groups during working hours on company time on a pre-arranged schedule so as to eliminate waste time.

#### Arrangement for blood and x-ray tests

We had arranged with the hospital to have the internes explain the blood test to each man. If he was hesitant or refused to take the test, there was to be no compulsion. To our surprise, only one out of 197 men refused the Wassermann test, and that individual already was undergoing treatment at ..... Hospital Free Venereal Disease Clinic.

During the weeks that our examination program continued, we arranged for a shop meeting at which the men might obtain further general information. We posted a "NOTICE TO ALL SHOP EMPLOYEES" to announce the meeting and to state that:

"You are expected to be on hand at the start of the meeting—when the whistle blows—at 8 o'clock, or your day's pay will not start until you are at work after the meeting. Shop operations will be approximately seven hours for the day." (Note: the regular work day is eight hours.)

#### Shop meeting program

The meeting opened promptly at 8:00 a.m., our regular shop starting time. It overran by 15 minutes the one hour anticipated in the schedule and the pay allowances were \$155.42.

The president of the foundry, addressing the meeting, explained that the two talks to follow were educational and intended to allay the doubts some of the men had revealed in various conversations. Their fears indicated that they were not so much worried about the actual results of the examination as they were about the possibility of losing their jobs as a result of the findings. The President told them that no one at work needed to fear loss of time as a result of the examination unless his condition were harmful to others. Then, if he took proper care of himself and was pronounced fit, he could resume work.

The president explained that the company had not suddenly gone philanthropic, big hearted or paternalistic, but that this entire program was an economic measure. Although present business did not justify the expenditure, over a period of years the company expected to make money by these examinations and tests. It did not expect the expenditure to pay dividends this week or this month, but eventually the program would have to pay dividends in the form of better health among its employees; in better attendance with less interference to production by absentees; in better earnings for the men as a result of improved production and in more money for their families. Ultimately these dividends would mean a profit for the company.

Talks and open forums followed. Health and medical authorities connected with the department of health or recommended by the department gave informative talks about the venereal diseases. They stressed syphilis in particular so as to explain the Wassermann blood test, as well as the occupational diseases usually contracted by foundry workers. They also explained the services that were available at the Free Venereal Disease Clinic at ..... Hospital. Informative literature was distributed to each man as he left the meeting.

#### Follow-up of examination

After this shop meeting, our examining physician and personnel director interviewed each employee and gave each man the findings of his case. We were determined to keep the results confidential and for that reason called each man into the first aid room for an individual interview. Whether he was in good physical condition or needed medical attention, we felt this to be the best way of informing him. At the same time he would feel free to ask the doctor questions. The doctor, in turn, advised him if he needed treatment and suggested that he consult his own physician. If a man was defective physically, the doctor laid the facts of his case before him and tried to help him determine



what was best to do. In each case, the individual was told that if he wanted to consult with the president of the company he could, and several took advantage of this offer.

### **Supervisors' meeting**

We duplicated the shop session program the same evening at a meeting for our supervisors, office personnel and invited guests. These guests were personnel and safety directors and executives of local industries; the regional safety engineer, the branch office deputy of the state industrial commission; local plant physicians; members of the county syphilis commission and others.

### **Charges for medical attention**

In the beginning some individuals who had positive Wassermann tests, encountered difficulties in the form of unreasonable charges for examination and treatment. It seems that some of the physicians the men consulted charged \$5.00 per treatment. We knew they could not afford to pay this amount and hence advised them to go to the Free Venereal Disease Clinic at . . . . . Hospital, where they would be treated without cost. However, we suggested they should make some contribution to the clinic for the treatment.

### **Employees family health meeting**

Soon we received requests from the men that their families be invited to hear some of the medical talks. Our plant assembly room, which also serves as a lunch room, holds 180 persons comfortably. We wondered whether we would have enough interest among our employees to fill this room, if we planned the program for Saturday so that the children might attend. A canvass of the plant revealed that 128 employees signified they would bring 541 members of their families. To accommodate these overwhelming numbers we decided to schedule four such programs for Saturday, October 8, 1938; the first at 9:00 a.m., the second at 10:30 a.m., the third at 1:00 p.m. and the fourth at 2:30 p.m. and then recanvassed the shop with the request that the men make reservations for a specific performance.

Lo and behold! We had reservations for 560 persons and finally when the day came we had 711 in attendance.

### **Literature on syphilis**

In addition to a long list of pamphlets on safety and hygiene this organization circulates among its employees the following information on the venereal diseases:

Issued by the state board of health

1. Educational circular—A few facts about gonorrhea
2. Educational circular—A few facts about syphilis
3. Educational Bulletin—Some facts about venereal diseases

Issued by the . . . . . Hospital Free Venereal Disease Clinic

4. Syphilis—Its cause—its spread—its cure

Reprints purchased by the foundry company

5. July, 1936—Readers Digest, "Why don't we Stamp Out Syphilis"

### **National Social Hygiene Day**

February first was National Social Hygiene Day throughout the United States, and the president talked to the employees who came for examinations. This afforded an excellent opportunity again to explain and emphasize the importance of blood testing as a part of the health examinations, and to recommend that the members of the employees' families also be tested. The February, 1939, issue of the "Herald of Social Hygiene" was distributed to all who attended.

### **A TRACTOR COMPANY PLANS FOR SYPHILIS CONTROL AMONG EMPLOYEES**

The following procedures, abstracted from a report by the medical director of the plant, describes the practical activities for discovery and treatment of syphilis in a tractor plant:

Before any plan for the employability of individuals afflicted with syphilis can be approved by industry, there are numerous angles which must be considered, and the conditions must be satisfactory not only to industry, but to the employee himself, the insurance carriers, fellow-employees, family physician, and the health authorities.

It is our opinion that we have such a plan at the present time, which we will first submit, and then discuss its effects on the above-named individuals.

The plan at present in use at this plant, and which has been functioning for the past 18 months, is briefly as follows:

The individual, following his interview with the personnel and employment departments, is referred to the medical department for a complete physical examination, which includes a routine Kahn test and urinalysis, as well as any blood studies which may be required. Incidentally, it may be mentioned here that the Company maintains its own laboratory with a licensed technician, and functions with the approval of the State Board of Health. If, following the examination, the Kahn test is found to be positive, the individual is given a personal interview with either the medical director or the plant physician, and he is informed that the blood test was found to show evidence of syphilis, and that he should present himself immediately to his family physician for a re-check, the resultant report to be submitted to the medical department. In our experience it has been found that practically all cases so re-checked, are found to be positive.

The individual is then told that this information is absolutely confidential between himself and the physician, and that no information has been given to the employment or personnel departments. This, in my opinion, is most essential, and upon this factor alone depends the success or failure of the plan. If the individual is confident that his condition is not public knowledge, and that he is to have the opportunity to correct himself physically he is grateful rather than resentful.

This individual is then told that if he presents himself to his family physician for treatment and continues treatment, he will have employment as long as he continues to cooperate. Every six months a check is made with the family physician to ascertain the number of treatments, and to determine the cooperation of the individual with his physician during that period. If the report is favorable, the individual continues with his work and continues his treatment. Following the termination of treatment the individual is asked to return every six months for a Kahn test.

The operation of this plan is dependent upon the type of syphilis that presents itself in the individual. The individuals in the primary or secondary stages, of course, are rejected, and also those who have definite evidence of neurosyphilis, to the degree that they are partially disabled at the time of their examination.

During the past 18 months, our records disclose examinations on approximately 10,000 men, with a positive Kahn in 4 per cent, and only in two instances have we found individuals who have failed to cooperate in the treatment to the extent that we were forced to deny further employment. It might be stated at this time that, of all the employees examined, only 25 were of the Negro race. This is mentioned merely for the benefit of statistical information.

We now can consider the effect of this plan on the various individuals concerned in its operation. The employer benefits by the fact that the cases of syphilis in his organization are known cases and are under continuous observation and treatment, thus making these individuals certainly less of an accident hazard; their proficient workmanship is improved; and there is less lost time, with an eventual elimination of mental hazards, total disabilities, and replacements. The employee naturally receives the greatest amount of benefit from this plan, inasmuch as he is able to continue his occupation, and is able to support his family, and to pay for the treatments necessary for the ultimate favorable termination of his case.

There may be a question raised at this time concerning the welfare of fellow-employees. But after all, in organizations in which the syphilitics are unknown,

the hazard is much greater to the fellow-employee—not only from an accident standpoint, but also from the possibility of transmission, as we all know that cases under treatment are less likely to be infectious than are those which receive no treatment at all.

It has been brought to my attention that in some instances there has been some objection by the insurance carriers to this particular plan; but to me it would seem that the insurance carriers certainly would profit from a plan of this type, as opposed to any other arrangement in which there is no plan of control. In this respect we often find serious complications in accidents to syphilitics, and since under most of the compensation acts an exaggeration of a pre-existing condition is compensable, the ultimate payments are therefore increased by the presence of syphilis. In an organization where there is a control of these conditions, there is less possibility of complications, with a positive reduction of the lost time period and specific loss, and even in some cases fewer death benefits.

Certainly there can be no objections to this plan by the family physician, inasmuch as the cases are referred to him for treatment, and the only thing asked of him is his cooperation in maintaining the treatment for the proper period of time.

Recently there was brought to our attention by the United States Public Health Department the matter of the improper reporting of these cases to the proper authorities and the lack of a check-up on the family of the individual afflicted. It is our opinion that this responsibility rests not with industry, but with the family physician. It becomes his duty to report the case, and also to protect the family of the patient.

The most alarming situation which has presented itself within the past 18 months is the deplorable lack of knowledge found among physicians attempting to treat syphilis. Not in a few, but in many, instances, individuals have been given a course of treatment for three to four months and then informed by their family physician that they have received all the treatment necessary for the cure of their disease. We are of the opinion that treatment should be continued over a period of at least 70 weeks, after which time the individual should be repeatedly checked by Kahn tests at intervals for the remainder of his life.

#### HOW A PACKING COMPANY HANDLES THE PROBLEM OF SYPHILIS

Correspondence between the secretary-treasurer of a packing company and the American Social Hygiene Association disclosed an active concern on the part of the organization regarding the health of food handlers. The letter stated:

In all, including some turnover during the past year, we have a total of about 800 employees on our force. To date we have completed physical examinations on 700 persons. Of that number 625 were male employees and 75 were female employees. The examinations were conducted by a very capable physician and included heart, nose and throat, eyes, hearing, general rupture indications, evidence of tuberculosis and many other conditions such as varicose veins, skin diseases, and, of course, Kahn and Wassermann blood tests for syphilis.

Among the number completed so far, we found some weak hearts, skin diseases, respiratory diseases including some tuberculosis and some rupture developments. As for indications of syphilis, 27 blood tests were positive. Nineteen were colored males, six were white males, and two were white females.

When a positive blood test for syphilis is reported and confirmed by the physician, our procedure is to consult the employee immediately, explain his condition and the advice resulting from the physician's examination. We further require that infected employees put themselves under immediate treatment and continue such treatments regularly as a provision of continuing their employment. To check on their sincerity, we insist they submit a report to us from their doctor. (A copy of the form is appended at the end of this letter.) If the employee proves neglectful and frequently

misses treatments, we turn his name and address over to the Board of Health. Fortunately we have had to do this only in one instance, but the results were good.

On the general subject of infection, and bearing in mind this is a food establishment, we carefully follow the examining doctor's recommendations with regard to the needs of the patient, the infectiousness of the disease, and the exposure of other people. In cases where the physician pronounces it safe for the employee to continue at his work, we, of course, allow this. Where it is not safe, we temporarily discontinue employment and the sick benefit under group insurance gives the patient reasonable protection for thirteen weeks. His job is protected under seniority rights of employment, which we believe practical.

I might add in this communication, that we are now preparing an arrangement whereby a general dental program will be made available for all of our people. The examinations will be free and the work will be arranged on a very low cost basis. Low costs can be assured because a definite volume of work will be concentrated in one place under a systematic arrangement for appointments and treatments. For we will try to do this job on our own premises.

No. 38

Date of Examination .....

Name ..... Address .....

Age ..... Date of Birth ..... Sex ..... Race .....

S.M.W.D. .... Nationality ..... Citizen? .....

How long in State.... Number of Dependents.... Children under 16....

*I hereby submit myself for physical examination at the expense of the ..... Corporation, and agree that this examination is a part and condition of my employment or re-employment and am agreeable to the final decision as a result of this examination.*

.....  
(Signature)

.....  
Department

Past History .....

Height ..... Weight .....

Blood Pressure: Systole ..... Diastole..... Pulse Rate.....

Heart .....

Lungs .....

Evidence of Hernia .....

Evidence of Venereal Disease .....

Varicose Veins ..... Reflexes .....

Eyes: Pupils .....

Right Eye ..... Left Eye .....

Remarks: .....

Teeth ..... Throat .....

Thyroid ..... Hearing .....

Skin .....

Urinalysis (if indicated) SP...GR... Reaction... Albumin... Sugar...

Wasserman: .....

Kahn Test: .....

## EDITORIALS

### SYPHILIS AS AN INDUSTRIAL PROBLEM

Though they often recognize social obligations, industrial and business enterprises are operated for the benefit of the owners and employees, the former taking a profit on an investment and the latter earning wages. Recognizing this as a fact, why should these enterprises be interested in syphilis? Why should employees be examined for syphilis, and why should an infected person be given or continued at employment? These are legitimate questions for which convincing answers will be found in this issue of the JOURNAL of SOCIAL HYGIENE.

Aside from the human impulse to do good rather than ill to one's fellow man, business and industry should be interested in syphilis not only because it causes economic loss both to employers and workers, but also for the protection of the community. These losses are sometimes obvious as in the case of large compensation and hospital costs and lost wages due to absence from work, sometimes hidden as in the case of prolonged inefficiency, accidents of obscure origin, and an employees' worry over illnesses in his home. Whether apparent or not, these costs are real and they provide a motive for the present widespread interest of business and industry in this prevalent disease.

When an employer hires a person to work for him, he takes certain risks, defined in part by law. These risks may be increased by the presence of disease in an employee. The reason an employer should include a search for syphilis in the pre-employment or routine examination is so that he may know whether syphilis is present as an added risk in giving or continuing employment. The employee in his own health interests, should welcome the fullest possible medical examination including a search for syphilis, since such an examination may give a physician the opportunity not only to save the life of the employee and protect his family, but prevent industrial losses arising because of neglected syphilis.

A man with syphilis recognized and under medical care is not a worse industrial risk than other men except when the

disease is infectious or when it is far advanced. The person with infectious syphilis can quickly be made non-infectious by means of modern treatment. It is then safe so far as syphilis is concerned, to employ him. The man with far advanced syphilis may not be fit for any employment or he may be fit only for work of a certain limited type. The industrial physician is able to judge whether and what employment can safely be given. Therefore, the employer who requires workers, does not need in his own interest to discriminate against the person who has syphilis unless the industrial physician finds the worker physically unfit for the job.

Also, as citizens and taxpayers, employers may well bear in mind that discovery and treatment of existing cases of syphilis prevents the spread of the disease to others, prevents the late disasters of syphilis which require care in mental and general hospitals and in institutions for the blind. A dollar invested in early treatment saves nine dollars which would otherwise be necessary for care to end results of syphilis. These are valid arguments for considering and dealing with syphilis as an industrial problem.

WALTER CLARKE, M.D.

#### AMERICAN INDUSTRY AIDS ANTI-SYPHILIS COMMITTEE

American industry now is fast gaining the courage to make the best features of the syphilis control program available to its employees. Back in the autumn of 1937, when the present popular educational campaign was getting in motion under the auspices of the National Anti-Syphilis Committee of the American Social Hygiene Association, several different types of letters were addressed to sample lists of industrial establishments widely scattered throughout the country. Principally the Association was putting its experience and its counsel at the disposal of these establishments and also appealing to them for financial support in the campaign.

The replies were not numerous—at least so far as expressions of desire for help in syphilis control work. When inquiries were made, they were made somewhat guardedly. The test revealed that those responding were more willing

to make some financial contribution to the campaign than they were to install in their organizations protective measures against the spread of syphilis and curative routines and facilities for syphilis found among its employes.

Again in 1938 and still again in the autumn of 1939, the National Anti-Syphilis Committee continued to ask industry for both program and financial support. Referred to Dr. Walter Clarke, executive director of the Association, during the latter months of 1939 were scores of letters from widely varied industries, asking how to go about the introduction of syphilis control programs, requesting criticism on activities against syphilis already begun, requisitioning suitable educational supplies for distribution to workmen. The national publicity given to the conquest of syphilis plainly was bearing fruit not only among individual industrial units but also among trade associations such as the National Association of Manufacturers.

The presence of outstanding businessmen in the ranks of the National Anti-Syphilis Committee has been a great factor in the progress that has been recorded and should be in the further achievements which undoubtedly will be registered during 1940. Such figures as the following have encouraged American business to take forward steps against syphilis and gonorrhea, the most prevalent of the serious infectious diseases:

Sewell L. Avery of Montgomery Ward & Co., Chicago; Frank E. Bohn of The Home Telephone & Telegraph Co., Fort Wayne; John A. Brown of Socony-Vacuum Oil Co., Inc., New York; R. W. Budd of Central Greyhound Lines, Inc., Cleveland; Robert H. Cabell, formerly of Armour & Co., Chicago; Richard B. Carter of Carter's Ink Co., Cambridge; Louis S. Cates of Phelps Dodge Corp., New York; F. S. Chase of Chase Brass and Copper Co., Inc., Waterbury; William H. Danforth of Ralston-Purina Co., St. Louis; Nathan L. Dauby of the May Co., Cleveland; C. K. Davis of Remington Arms Co., Inc., Bridgeport; Horace W. Davis of Eaton Paper Corp., Pittsfield; Cleveland E. Dodge, Phelps Dodge Corp., New York; Patrick D. Fox, The Borden Co., New York; Leon Fraser of the First National Bank, New York; Edward S. French of the Boston & Maine R. R., Boston; Alfred C. Fuller, Fuller Brush Co., Hartford; Walter S. Gifford, American Telegraph & Telephone Co., New York; Howard M. Hanna, M. A. Hanna Co., Cleveland; W. Averell Harriman, Brown Bros. Harriman & Co., New York; George Watts Hill of the Durham Bank & Trust Co., Durham; Louis J. Horowitz, formerly with Thompson-Starrett, New

York; Charles F. Kettering, General Motors Corp., Detroit and Dayton; Walter J. Kohler, Kohler Co., Kohler, Wisconsin; Sebastian S. Kresge, S. S. Kresge & Co., Detroit; Samuel A. Lewisohn, banker, New York; F. W. Lovejoy, Eastman Kodak Co., Rochester; Walter W. R. May, Portland General Electric Co., Portland, Oregon; A. D. McDonald, Southern Pacific R. R., San Francisco; T. H. McInnerney, National Dairy Products Co., New York; William G. Mennen, The Mennen Co., Newark, N. J.; H. W. Phelps, American Can Co., New York; John J. Raskob, E. I. du Pont de Nemours Co., New York; H. Smith Richardson, Vick Chemical Co., New York; Hiram S. Rivitz, Industrial Rayon Corp., Cleveland; A. W. Robertson, Westinghouse Electric & Mfg. Co., Pittsburgh; Henry D. Sharpe, Brown & Sharpe Mfg. Co., Providence; Lawrence B. Sheppard, Hanover Shoe Co., Hanover, Pa.; Charles E. Speaks, Fisk Rubber Corp., Chicopee Falls, Mass.; Harold H. Swift, Swift & Co., Chicago; Gerard Swope, General Electric Co., New York; Owen D. Young, General Electric Co., New York; John E. Zimmermann, United Gas Improvement Co., Philadelphia.

Approximately 700 corporations, small as well as colossal, have contributed to the fund being raised by Dr. Ray Lyman Wilbur and his National Anti-Syphilis Committee for the most important health campaign of the century. The larger givers among the corporations have included: Liggett & Myers Tobacco Co.; United Fruit Co.; General Motors Corp.; Chrysler Corp.; Eastman Kodak Co.; Anheuser-Busch, Inc.; Humble Oil & Refining Co.; Beech-Nut Packing Co.; Swift & Co.; Industrial Rayon Corp.; Kraft-Phenix Cheese Corp.; Johnson & Johnson; Westinghouse Electric & Mfg. Co.; Armour & Co.; H. J. Heinz Co.; United Engineering & Foundry Co.; Pure Oil Co.; Stillwater Worsted Mills; Cincinnati Gas & Electric Co.; Sherwin-Williams Co.; Dayton Power & Light Co.; Merck & Co.; Christian Feigenspan Brewing Co.; Corn Products Refining Co.; Kroger Grocery & Baking Co.; American Rolling Mill Co.—and the list lengthens every week.

Philip R. Mather of Boston and formerly of Cleveland, the new campaign chairman just appointed by Dr. Wilbur and himself an industrialist, will strive for even greater participation by industries in syphilis control during 1940. Director of Illinois, Massachusetts and Ohio corporations and formerly with Pickands, Mather & Co., Cleveland, miners and shippers of iron ore and fabrication of steel, Mr. Mather will seek cooperation in those quarters from which it has been slow to come. Perhaps 1940 will be the most noteworthy year of all in the industrial advance on the diseases which are said to run up a public and private bill of more than \$500,000,000 a year.

DONALD C. DOUGHERTY



## HOW THE AMERICAN SOCIAL HYGIENE ASSOCIATION COOPERATES TO REDUCE INDUSTRIAL LOSSES DUE TO SYPHILIS AND GONORRHEA

What are the factors in the enormous loss which business organizations sustain from Syphilis and Gonorrhea, afflicting nearly 20,000,000 of our population? Some of these are:

1. DAMAGE to personnel or property caused by accidents attributable to Syphilis and resulting from defective vision, incoordination, mental diseases, and vascular or heart disease.
2. COMPENSATION charges for injuries complicated by Syphilis.
3. LABOR TURN-OVER due to the necessity of replacing employees unable to work because of Syphilis and Gonorrhea.
4. DECREASED EFFICIENCY in those remaining at work although infected with Acute Gonorrhea or Active Syphilis; or emotionally upset, worried, and economically handicapped by such infections in their families.
5. GROWING TAXES for the support of institutions for those blind, deaf, mentally diseased, crippled or otherwise dependent due to Syphilis or Gonorrhea.

Activities for the prevention and cure of Syphilis and Gonorrhea in communities where industries are located benefit the personnel of the industries and, therefore, the industries themselves, because such activities tend to prevent infection and to keep infected persons under treatment leading to cure.

The American Social Hygiene Association all year 'round is engaged in the promotion of these activities, its work unqualifiedly endorsed by Surgeon General Thomas Parran of the U. S. Public Health Service, welcomed by health officers everywhere.

A specific feature of the Association's Anti-Syphilis Campaign, now being waged on a national scale, is the direct assistance and consultant service to industries.

### *The Association Recommends—*

1. EDUCATIONAL ACTIVITIES in industries and provides effective printed matter, posters, films and trained personnel for this purpose.
2. PRE-EMPLOYMENT MEDICAL EXAMINATIONS including a blood test for Syphilis. The Association is prepared to give technical advice on facilities for diagnosis and other medical procedures, and their correlation with community medical and public health services.
3. TREATMENT, NOT DISCHARGE OF EMPLOYEES found to be infected with Syphilis or Gonorrhea. The Association may be consulted regarding methods for dealing with medical and public health problems involved so that they will work out to the best interests of both infected and non-infected employees.

4. PERSUASION, NOT COERCION. This is one of the Association's standard policies in the approach to employee groups and individuals. Confidence replaces suspicion. Workers become willing cooperators in a public health program as they come to realize the benefits to themselves, their families, their fellow employees.

Due largely to the Association's twenty-six years of educational work reaching a climax in National Social Hygiene Day; to the activities of the Surgeon General; and to a new and amazing national interest in combating the venereal diseases, Syphilis is in the headlines, on the air, on the screen, on the club program, on the book shelves, ON THE PUBLIC MIND! Now is the time to strike down Syphilis which strikes one in ten adults at some time during his or her lifetime.

## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall within its field and are requested for review for its readers will be considered for review in later issues.*

### BOOKS

- BEYOND THE CLINICAL FRONTIERS. Edward A. Strecker. W. W. Norton & Co., 1940. 210 p. \$2.00  
 YOU AND HEREDITY. Amram Scheinfeld. Frederick A. Stokes Co., 1939. 434 p. \$3.75  
 SEXUAL PATHOLOGY. Magnus Hirschfeld, M.D. Emerson Books, Inc., 1940. 368 p. \$2.95  
 VIRGINIA'S SOCIAL AWAKENING. Arthur W. James. Garrett and Massie, Inc., 1939. 198 p. \$3.00  
 THE MEANING OF MARRIAGE AND THE FOUNDATIONS OF THE FAMILY. Sidney E. Goldstein. Bloch Publishing Company, 1940. 95 p. 50¢  
 MANUAL OF PUBLIC HEALTH NURSING. Prepared by the National Organization for Public Health Nursing. The Macmillan Company, 1939. 529 p. \$2.50

## IN THE PERIODICALS

- AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES. St. Louis. *Unsolved Clinical Problems of Syphilology*. By Joseph Earle Moore. November, 1939. p. 701
- *Administrative Problems in the Control of Syphilis*. By R. A. Vonderlehr. November, 1939. p. 692
- AMERICAN JOURNAL OF PUBLIC HEALTH. New York City. *Premarital and Prenatal Tests for Syphilis in New Jersey*. By John Hall. December, 1939. p. 1331-37
- AMERICAN SOCIOLOGICAL REVIEW. New York City. *Changing Attitudes Toward Venereal Diseases*. By Harvey J. Locke. December, 1939. pp. 836-843
- BOLETIN SANITARIO. Buenos Aires. *Progress in the Venereal Disease Campaign*. By J. J. Puente. Mar., 1939. p. 238
- BRITISH MEDICAL JOURNAL. London. *Social Hygiene in War Time*. October 14, 1939. p. 774
- CALIFORNIA AND WESTERN MEDICINE. San Francisco. *Premarital Examinations*. By J. C. Geiger. November, 1939. p. 351
- CANADIAN PUBLIC HEALTH JOURNAL. Toronto. *Venereal Disease Control During Wartime*. By J. J. Heagerty, M.D. December, 1939. pp. 567-570
- HYGELA. New York City. *The Place of Sex Education in School*. By Warren E. Forsythe. January, 1940. pp. 18-20
- INDUSTRIAL MEDICINE. Beloit, Wisconsin. *Syphilis in Railroad Medicine—A General Consideration of the Problem*. By E. M. Butt, M.D. November, 1939. pp. 465-467
- *Syphilis Control—With Special Reference to Railway Employees*. By Albert E. Russell, M.S., F.A.C.P. January, 1940. pp. 32-35
- JOURNAL OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA. Montgomery. *A New Traveling Unit for the Treatment of Syphilis*. December, 1939. p. 193
- KENTUCKY MEDICAL JOURNAL. Bowling Green. *Report of the Committee on Syphilis Control*. Minutes 89th Annual Session House of Delegates, Kentucky State Medical Association. November, 1939. p. 540
- NEW YORK STATE JOURNAL OF MEDICINE. New York City. *Syphilis in Pregnancy: A Review of the Literature on the Problem*. By Girsch D. Astrachan, M.D. January, 1940. pp. 43-52
- TEXAS STATE JOURNAL OF MEDICINE. Fort Worth. *Present Law Requiring Examination of Food Handlers Condemned*. November, 1939. p. 451
- VENEREAL DISEASE INFORMATION, U. S. PUBLIC HEALTH SERVICE. Washington. *Illegal and Unethical Practices in the Diagnosis and Treatment of Syphilis*. By M. S. Edwards and P. M. Kinsie. January, 1940. pp. 1-10. Reprints may be obtained from American Social Hygiene Association. Pub. No. A250. Price 10¢
- *Progress in Venereal Disease Control during Fiscal Year 1939*. December, 1939. pp. 376-78
- *Syphilis Control; Principles of Case-finding and Case-holding*. By H. E. Woods. December, 1939. pp. 371-76
- VIRGINIA MEDICAL MONTHLY. Richmond. *Prevention of Blindness*. November, 1939. p. 693
- The following regularly contain articles and information of interest and value to Association members and other social hygiene workers:*
- HEALTH AND EMPIRE. Journal of the British Social Hygiene Council. A quarterly review of Health and Education Activities in the British Empire. Tavistock House South, Tavistock Square, W. C. 1, London.
- VENEREAL DISEASE INFORMATION. Monthly bulletin of the Division of Venereal Diseases, United States Public Health Service, Washington, D. C.
- AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES. Bi-monthly publication, C. V. Mosby Company, St. Louis, Missouri.

## ANNOUNCEMENTS

**Last Month.**—If you used the January *Social Hygiene Day Number* in planning your *Social Hygiene Day* meetings, you know without our telling you that it is one of those collections of information, timely suggestions and up-to-date ideas that will wear well throughout the year. . . . You may not have noticed, however, that additional copies may be secured for the special price of 15 cents per copy, 2 for 25 cents. As long as they last, that is. If your request does not arrive in time to secure the whole issue, we have reprints of most of the articles: Bascom Johnson's *Prostitution and Quackery in Relation to Syphilis Control* is Pub. A-242. . . . Next Steps in *Stamping Out Congenital Syphilis*, by Mary S. Edwards, is A-243. . . . *The Pharmacist's Role in Combatting Syphilis*, by Pauline F. Geffen is A-246. . . . and the *Youth Service* will be glad to send you a free copy of *Getting Started on a Youth Social Hygiene Program* if you ask for Pub. A-247. The others are 10 cents each.

**This Month.**—No group has more to gain from the conquest of syphilis than industry, and the JOURNAL is happy to print here conclusive evidence that industry is working towards its own solution of this health problem. . . . We shall have extra copies of this interesting *Industrial Number*, which, like all JOURNAL issues, is planned to be of permanent as well as current value. Dr. Walter Clarke, A.S.H.A. Executive Director, served as guest editor, and drew on his wide field experience in consulting with employers for examples of effective endeavor in various industries. . . . 35 cents a copy, as usual. There will be reprints, too. . . . Watch the News for titles and prices.

**Next Month.**—Our *Anniversary Number*, to appear in March, will be an issue to remember. . . . It will tell the story of the Association's *Twenty-seventh Annual Meeting* in Chicago on February 1st, when General John J. Pershing accepted the *William Freeman Snow Award for Distinguished Service to Humanity* at the hands of Major-General Merritte W. Ireland. . . . The splendid addresses given at that time by Surgeon General Thomas Parran and Dr. Nathan B. Van Etten, president-elect of the American Medical Association, will be included. . . . *Proceedings of the Annual Business Meeting*, held on February 7th

in New York, will also appear in this number to bring those who were not present up to date. . . . Numerous illustrations will help to make up a number you'll want both to keep and give away. Please ask us promptly for extra copies. 35 cents as usual.

**To the Many who Have Asked if the Proceedings of the Chicago Regional Conference will be Printed.**—The answer is "Yes!" We shall print as many as possible in the April issue and the rest will come along promptly in later numbers. Whether or not you were present at the two-day *Regional Conference* in Chicago on February 1 and 2, you will want the proceedings of this meeting. Its theme, you will remember, was *Education of the public regarding the nature of syphilis and gonorrhea, the proper sources of medical care, and the background conditions which contribute to the spread or the prevention of these diseases*. . . . Of especial prominence in the discussions and papers were the *problems of quackery as obstacles in the way of progress against venereal diseases*. . . .

**Other New Publications.**—Physician, nurse or lay reader, you will find interest in Dr. John H. Stokes new article *Some Problems in the Control of Syphilis as a Disease*. Pub. A-230. 10 cents. . . . Another fascinating story is that of quackery in America, as reported by Mary S. Edwards and Paul M. Kinsie, in *Illegal and Unethical Practices in the Diagnosis and Treatment of Syphilis*. This is the report to which *Time Magazine* gave a column review. A-250. 10 cents. . . . *The Medical Charlatan* is a popular style folder, for general readers, on the quackery problem A-238, \$2.50 per 100, \$15.00 per 1,000. . . . *Jerry Learns a Lesson*, Pub. A-237, is a popular health education leaflet for young men, in cartoon style, on the need to *keep away from quacks*. . . . \$1.00 per 100, \$5.00 per 1,000. . . . All of these free to Association members, of course.

**Speaking of Membership.**—You have no idea how much time and work it saves us when you send in renewal of your membership dues early in the year. . . . The Membership Committee is delighted to note an unusually large number doing just that for 1940. Thanks!

# Journal of Social Hygiene

Anniversary Number



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The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

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50 WEST FIFTIETH STREET, NEW YORK CITY

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GENERAL JOHN J. PERSHING

*Recipient of the 1940 William Freeman Snow Award for  
Distinguished Service to Humanity*



## GENERAL PERSHING

General John J. Pershing, who won world-wide recognition as Commander in Chief of the American Expeditionary Forces during the World War, was born in Linn County, Missouri, September 13, 1860. His military career began when he was graduated from the United States Military Academy in 1866 and was appointed Commanding Second Lieutenant of the Sixth United States Cavalry. He served in various Indian campaigns, gave military instruction at the University of Nebraska and the United States Military Academy. Promotions in rank from year to year found him Captain of the First United States Cavalry in 1901, in 1906 Brigadier General, and in the war emergency of 1917 General of the United States Army. Two years later he was confirmed by the Senate as General of the Armies of the United States. General Pershing is the first and only person in history to receive this signal honor. He continued to serve actively in the Army until his retirement in 1924.

Social hygiene as a positive force to promote human welfare has received vigorous support from General Pershing throughout his career. In the Philippines, on the Mexican border and in Europe he consistently sponsored measures planned to protect both soldiers and civilians from venereal diseases. His activities along these lines were not confined to war-time, but have continued throughout the years. As first Chairman of the National Anti-Syphilis Committee of the American Social Hygiene Association, organized in 1937, he exerted a tremendous influence in stimulating and maintaining the interest of the public in the task of controlling and stamping out the venereal diseases.

General Pershing has received innumerable honors and awards in recognition of his extraordinary services. Universities have conferred honorary degrees upon him and governments throughout the world have bestowed on him their highest decorations. He holds the degree of Doctor of Laws from four universities—the University of Nebraska; University of St. Andrews, Scotland; University of Cambridge, England; and Yale University, U. S. A. The University of Oxford, England, gave him the degree of Doctor of Civil Law and Pennsylvania Military Academy honored him with the degree of Doctor of Military Science.

From the government of France General Pershing has received the Grand Cross of the Legion of Honor, the Croix de Guerre and the Medaille Militaire; from Great Britain the Grand Order of the Bath; from Belgium the Croix de Guerre and the Grand Cordon Order of Leopold. He has been similarly decorated by the governments of Czecho-Slovakia, Greece, Japan, Italy, Montenegro, Panama, Poland, China, Serbia and Rumania.

The American Social Hygiene Association feels distinctly honored that General Pershing has accepted the William Freeman Snow Award in 1940 for distinguished service in the field of social hygiene.



# Journal of Social Hygiene

VOL. 26

MARCH, 1940

NO. 3

## Anniversary Number

EDITOR'S NOTE: *Fourth National Social Hygiene Day, observed on February first, also marked the Twenty-seventh Annual Meeting of the American Social Hygiene Association. At the invitation of the Illinois Social Hygiene League, the Committee of Fifteen, the Chicago Department of Health and various other community and state groups, the meeting was held in Chicago. In scope and influence it equalled, and possibly surpassed, the highly successful Annual Meeting held in Washington last year.*

*As a souvenir of the occasion for those who were present and for the information of those who could not be with us, we take pleasure in devoting this issue of the JOURNAL to a full account of the program as held.*

## ANNUAL DINNER MEETING OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION

PALMER HOUSE, CHICAGO, FEBRUARY 1, 1940

*Presiding:* OSCAR G. MAYER

*President, Chicago Association of Commerce*



MR. MAYER: This is the Twenty-seventh Annual Meeting of the American Social Hygiene Association. It is the dinner session of a two-day Regional Conference on Social Hygiene, in which the United States Public Health Service, the American Medical Association and the American Pharmaceutical Association are cooperating. Ninety Illinois and Chicago agencies, as listed on the first page of the program, are acting as sponsors, under the leadership of the Chicago Co-ordinating Committee on Social

Hygiene Day. Dr. Bertha M. Shafer, Executive Director of the Illinois Social Hygiene League, is Chairman of the Co-ordinating Committee, and its twelve members represent official and voluntary agencies whose programs of work are closely identified with social hygiene activities. This Committee has done a fine piece of work in bringing the Fourth National Social Hygiene Day to attention of the State and the Community of Chicago, and in arousing interest among the sponsoring agencies and their members.

We are happy to welcome official and voluntary agency representatives from neighboring states. I understand, also, that annual meetings of the American Social Hygiene Association are marked by simultaneous state and community meetings in every part of the country. To all of these who will listen in later tonight I would extend our welcome, and give assurance that we in Chicago and Illinois desire to do our part in this great movement for the health and welfare of the nation.

I think it will add to the friendly informality of this occasion if I introduce our guests at the Speakers' Table to those of you who may not have met them before we sat down to dinner:

*(Mr. Mayer presented the following persons)*

#### DINNER GUESTS AT SPEAKERS' TABLE

- REV. JOHN W. BARRETT, Chicago, Director, Catholic Hospitals
- DR. HERMAN N. BUNDESEN, President, Chicago Board of Health and representing Mayor Edward J. Kelly
- DR. WALTER CLARKE, New York, Executive Director, American Social Hygiene Association
- COL. PAUL W. GIBSON, Surgeon Sixth Corps Area, United States Army
- MAJOR-GENERAL MERRITTE W. IRELAND, Washington, D. C., United States Army
- MRS. SAMUEL T. LAWTON, Honorary Chairman, Association for Family Living
- PHILIP R. MATHER, Boston, Campaign Chairman and Member Board of Directors, American Social Hygiene Association
- DR. THOMAS PARRAN, Washington, D. C., Surgeon General, United States Public Health Service
- DR. LOUIS E. SCHMIDT, President, Illinois Social Hygiene League
- DR. BERTHA M. SHAFER, Executive Director, Illinois Social Hygiene League
- DR. WILLIAM F. SNOW, New York, Chairman, Executive Committee, American Social Hygiene Association
- DR. NATHAN B. VAN ETTEN, New York, President-elect, American Medical Association



MR. MATHER, DR. PARRAN, GENERAL IRELAND, MR. MAYER, DR. VAN ETEN

MR. MAYER: Now as to our program: The order of events, because of the radio time assigned, is somewhat different than that which appears in the dinner program which you have. We want to hear from our two speakers of the evening, read a few telegrams, and be prepared by nine-fifteen to join Major General Ireland in presenting the Award for "Distinguished Service to Humanity" to General John J. Pershing, and to receive the General's reply.

This is a most significant occasion, when we are privileged to have the Surgeon General of the United States Public Health Service, and the President-elect of the American Medical Association outline for us the principles of action which must guide the united efforts of all professional and lay groups in conquering syphilis and gonorrhea in the United States, and to correlate these activities in the general fields of health and welfare.

I take great pleasure in introducing Dr. Thomas Parran, Surgeon General, United State Public Health Service, whose long and useful career in local, state and federal health administration has made him an outstanding leader among our authorities in medicine and public health—Dr. Parran.

## WORK FOR HUMANITY

THOMAS PARRAN, M.D.

*Surgeon General, U. S. Public Health Service*



We are met here in observance of National Social Hygiene Day to measure accomplishments, to report progress, to roll stones from the path of our joint efforts against venereal diseases, and to chart a clear course for the year ahead.

On all fronts, the movement is forward and the trend up! Progress during the past year has been greater than during any comparable period. Last year the shadow of syphilis was lifted from more than 100,000 men, women and children discharged from the public clinics because their infections were cured or safely arrested. An equal or greater number of patients walked out of their own doctors' offices with a clean bill of health because of good treatment promptly administered. Even more than this number of patients have had enough treatment so that their disease is no longer communicable. They have not had enough to insure their own safety; nevertheless, they no longer are a source of danger to others.

For among the many problems which baffle us in our world today, here is one thing we know how to do. Wherever syphilis is attacked with vigor and intelligence it begins to recede. In those areas known to have had a syphilis control program in operation over a period of years, there are indications that existing preventive and control measures were effective. For example, the annual first admissions for paresis to State institutions for mental diseases in Massachusetts, New York and Minnesota show a slowly declining rate since 1920. Again, in Wisconsin, the results of tests

made over the past year and a half under the premarital examination laws indicate that the prevalence of syphilis is only half as high as in other States having similar laws. Recently in Madison I was told that it was difficult to find sufficient cases of early syphilis for teaching purposes in the medical school. And in Macon County, Alabama, where the syphilis rate as shown by positive blood tests ten years ago reached the near saturation point of 38 per cent, now, after a few years demonstration, the rate has dropped to 18 per cent.

Formerly, even with sporadic, unorganized attack against it, syphilis, though remaining at about the same level in the population—and a level dangerously high—has been barely holding its own during the 15 years for which we have reliable estimates. In many communities now it is retreating, though it is not yet routed, before the single concerted active year of attack which I am now reporting, in which the National Venereal Disease Control Act has been in force.

This job has been done by a working partnership of federal, state and local health services plus the splendid cooperation of the rank and file of doctors throughout the country, and the continuous support of citizens' groups such as are represented in this meeting.

Moreover, up to now Congress has done its full share. There has been no intimation of partisanship to impede this work of conserving our nation's most vital resources. The LaFollette-Bulwinkle Bill which was passed in May, 1938, as the National Venereal Disease Control Act, authorized three, five and seven million dollars respectively, for the first three years of cooperation of the Public Health Service with states and localities. So far the appropriations have kept pace with the authorization. Five million dollars is provided for the campaign this current fiscal year which will end June 30, 1940. For the coming fiscal year, however, the Budget recommends a decrease to three million dollars, though seven million was authorized by the Act.

Not only Congress but the state and local authorities have done their part by making available for the fight against the

venereal diseases two dollars for every dollar appropriated by the Federal Government. In the interest of long-range economy, I hope the commendable preoccupation of our country with national defense will not overlook the need for defense at home. Syphilis is a heavy, costly burden which we need not bear.

In 1939, 67 per cent more persons with syphilis were reported to have sought treatment for syphilis in public clinics than in 1938. The number of reported treatments in clinics for venereal diseases increased from 5,000,000 to 8,000,000. The number of reported arsenical injections for syphilis increased from 1,800,000 to 3,200,000.

Through federal-state funds, every doctor in 43 states can use the best modern drugs for syphilis without cost to him or his patient. This helps to equalize the load he bears in giving treatment to many of his patients at half cost, or without charge. You also may be interested to know that in response to the steadily growing demands from both clinics and private doctors, the production of arsenical drugs used for the control of syphilis has practically doubled in five years time, having risen from a total of 5,787,000 does in 1933 to 10,656,000 doses in 1938.

In finding syphilis early enough to cure it, reliable laboratory service is a first need. I could tell you some pitiful stories of what happened during earlier years as a result of false-positive tests turned out by poor technicians; the waste of time, money, the humiliation, the needless agonies involved. Almost as bad have been the false-negative laboratory tests for syphilis, on the basis of which patients were without treatment until the last deadly symptoms of heart, nervous or other involvement appeared.

You will be glad to know that good laboratory service, checked and approved by actual performance, now is available in all but three states; that in all but two states, good laboratory service is free to a person sick with syphilis, just as if he had any other contagion.

When patients are infectious, the federally-aided clinics give at least emergency treatment before they investigate

ability to pay; just as for smallpox, they protect the community against the disease before they analyze the patient's credit rating. And since the virulence of the infection brought into a community by a transient may be equally as great as the home-grown product, there are only five states today in which legal residence is a prerequisite to treatment. Thousands of babies were born healthy last year as a result of pre-marital laws in 19 states and required prenatal tests in 15 states.

Much of this increase in treatment and better treatment has been the result of better organization in states. By the close of the fiscal year 1939 each state in the Union, including the territories and the District of Columbia, had established a separate administrative unit for the control of venereal disease. During 1938 such units of control existed in but 27 of the 53 areas.

Encouraging as are these gains, even more significant has been the democratic method by which they have been attained. Neither the money nor the leadership stemmed from any one source. This present campaign to eradicate syphilis has extended more widely and taken root more deeply than the courageous but short-lived effort of the war years, 1917-1919; because *now* we are dealing openly with a recognized foe. *Now* we can talk about the disease. The press and the radio help us generously. Civic bodies are not too timid to take up the cause. In consequence, people everywhere are beginning to understand their need of protection against syphilis and the necessary means to be used.

Difficulties have been encountered, of course. Every popular movement attracts parasites. In this case, the manufacturer of the quack remedy and the charlatan healer have been quick to profit by public concern about the disease. Self-treatment by the uninformed boy or girl with remedies bought over the drug store counter is unfortunately prevalent. The ethical druggist does all he can to prevent this dangerous practice. Others, less conscientious, do a thriving business because of it. Quite as unscrupulous are the hangers-on to the fringes of medicine who subject the patient to useless or dangerous

treatment until his last cent is gone. Ways and means of dealing with these two problems constitute the central theme of this conference.

Education which will reach the patient is important. Essential too, is the provision of expert diagnostic and treatment service, freely available at convenient times and places and considerately given. While we have gone a long way toward improving the quality of care, we need to train more doctors and more nurses in the special skills required. In my opinion, one of the best investments we have made with federal funds during this first year of national control has been in setting up training centers such as that conducted in cooperation with Johns Hopkins School of Public Health, and in seven other universities. Such work should continue, and be extended to meet the proven need.

Active research has been going on to find swifter, surer, cheaper methods for cure of syphilis and gonorrhea. Some of the results are very encouraging. When more fully authenticated, they will be reported to you. Research should go on, generously supported; and always with the end in view of preventing disease as well as curing it expeditiously.

Neither do I believe that we should rest content with treating only the patients who volunteer. In the few areas where health authorities are properly equipped to search out contacts it is found that usually there are at least three persons exposed to infection for every one who comes for treatment. Of these three cases exposed, it is usually true that two need treatment but have not been aware that they needed it or how or where to get it.

In other words, we have not yet generally applied in the control of the venereal diseases the epidemiological methods which are so effective in other person-to-person infections.

And there is another side to the situation: Those of you with whom I have worked for 14 years in the American Social Hygiene Association will remember that always I have heartily advocated treating the patient with venereal disease not as a sinner but as a sick man. Regardless of the fact



that justice demands such treatment for the thousands of persons innocently infected, I believe that we can stamp out disease faster with the medical means at hand than we can hope to do by relying solely on a change in the moral habits of our far-flung and diverse population.

Though the first gun we pick up is chemical quarantine against these infections, it would be foolish to ignore the other powerful weapons ready to our hand. The fact remains that many of the millions needed for treatment of syphilis and gonorrhea would be unnecessary if we could teach the youth of the land to avoid contact with infection; if we cleaned up the corruption in our cities and beside our highways from which flow continuous streams of infection. Typhoid fever is spread by polluted water or milk supplies or contaminated food. To control it, we clean up the source. Much of the syphilis and gonorrhea from which we suffer is spread from comparable reservoirs of infection—the prostitute in the red light district, the dance hall or the roadhouse. Moved from place to place before the infections can be traced back to their source, epidemics are kept continually alive. To the aid of the epidemiologists and health authorities, should come the law enforcement agencies, backed by public sentiment, attacking the organized vice rings which profit by exploiting young, ignorant and often feeble-minded girls.

I am all for apprehending the dangerous revolutionaries who plot for overthrow of the government by seventeens or seventies. More power to the elbow of the agencies who track them down! But I would like also to see action to curb the dangerous traffic in prostitution. Also, we need more prosecuting attorneys who will direct their energies to cleaning out and keeping out the racketeers making money by protecting prostitutes.

Each year at this time, citizens gather in hundreds, yes, in thousands of communities to reiterate their profound concern in the eradication of the venereal diseases and of the anti-social conditions which promote them, and undermine our democratic society. Necessarily, our first thought is to kill out disease, relieve ourselves of its economic burden and

agonizing human waste. When this is done—and with your help it can be done in our time—we, and those who come after us, can devote our energies toward the greater goals of social hygiene which mean normal sex life, happy marriages, better families and enduring homes. These things we should seek for their inherent values. Social health cannot be built upon the fear of venereal disease.

In this larger task, the medical and social sciences must join hands to bulwark more solidly those integral factors in our democracy; the family, the church, the school.

Through the American Social Hygiene Association we have the opportunity to take the first steps in this movement forward; toward the immediate and attainable objective of disease control, and the more difficult but even more important objective of social health. With the continued inspiration of leaders like those whom we honor today—Doctor Snow, Doctor Wilbur, General Ireland, General Pershing—I am confident that it is possible for us to attain both goals. Elsewhere in the world there is chaos. We work for humanity here. (*Applause*)

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MR. MAYER: Thank you, Dr. Parran. Ladies and gentlemen, I am asked to read at this time two telegrams which have been received. The first is from the President of the American Social Hygiene Association, Doctor Ray Lyman Wilbur of Stanford University, California, who was with us at our Social Hygiene Day meeting here in Chicago last year. Doctor Wilbur says:

“Meetings of the American Social Hygiene Association are significant because they bring together those who are willing to take leadership in a great national campaign to better the public health and help in the relief of hundreds of thousands of those suffering from two of our most terrible contagious diseases, gonorrhea and syphilis. We can now do more than ever before in the great field of prevention and in the protection of our boys and girls who are maturing each year and who have to face both personal and public problems. I regret not to be present in person to express gratitude for what General Pershing has done and to listen to the program. With kindest personal regards and appreciation.”

(*Applause*)

RAY LYMAN WILBUR

The other telegram is from Dr. Robert H. Bishop, Jr., of Cleveland, Ohio, Chairman of the Association's Finance Committee. He says:

"Such really wonderful progress has been made by the American Social Hygiene Association, its National and State Anti-Syphilis Committees, its National Education Committee and its many affiliated groups, that I feel the delegates and friends attending the Regional Conference and Annual Meeting will want to hear this telegram at a convenient moment during this evening's program. To the voluntary but necessary educational activities which supplement and strengthen the work of federal, state, county and city health departments, the Association has given all of its material resources, all of its best experience gained over a quarter-century and in addition has provided a most unusual type of leadership. Seldom spectacular but carefully conceived and always resultful, the Association's 8-point program on 48 fronts has won thousands of new advocates and friends. Tonight, however, the Association's need for funds to continue this work must be mentioned. The \$357,000 contributed in the past two and one-half years has been spent or appropriated. Two hundred and twenty thousand dollars is needed for the 1940 budget. Because the Association has no surplus, no endowment, and because it receives no subsidy, contributions voluntarily made provide more than 90 per cent of its revenue. New givers, more money, must be found for the Association at once not merely to maintain its present operations but to increase them at this strategic and propitious time in the anti-syphilis campaign. As chairman of the Association's Finance Committee I ask that those in attendance at the meeting keep the need of the national voluntary agency before them, especially after this conference has ended and they return to their respective communities and organizations."

*(Applause)*

ROBERT H. BISHOP, JR.

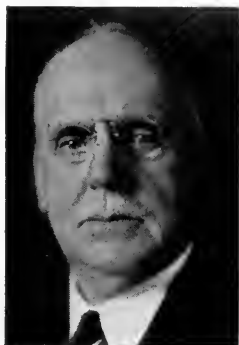
MR. MAYER: It is now my privilege to introduce to you a medical statesman, a great physician, a hospital administrator, and a distinguished citizen, who, in recognition of his ability and fruitful service in his chosen profession, has just been given the high honor of election to the presidency of the American Medical Association.

I present Doctor Nathan B. Van Etten, of New York.

## THE CHALLENGE OF SOCIAL HYGIENE

NATHAN B. VAN ETTEN, M.D.

*President-Elect, American Medical Association*



Speaking upon social hygiene from his oracular post as head of the Public Health Service of the United States, Surgeon General Parran wins the respect and support of all physicians. The voice of authority rings genuinely in his demands for the enlistment of all people in a war against an enemy that threatens the quality of American civilization.

I can assure him that the American Medical Association will be heartily cooperative because it cherishes the same ideals.

Looking backward through the glasses of one who has long practiced clinical medicine, I am painfully conscious that the course of social evolution has shown very feeble progress toward solution of the major problems of social hygiene until the last five years.

At the meeting of the American Medical Association in Detroit in 1874 Professor Gross delivered the oration in Surgery, taking syphilis as his subject. He recommended legislation to control the spread of this disease. A committee was appointed and continuing committees have been appointed at various sessions of the American Medical Association to study measures of prevention and cure. Valuable contributions have been made to medical education concerning all venereal diseases which have had practical results in laying scientific foundations upon which a health army can stand with confidence. But as far as the general public is concerned these questions have been discussed in suppressed whispers, apparently fearing the contamination of the white pages of some innocent minds.

Diseased skeletons have been locked in family closets. Venereal histories have been buried with their victims. The causes of some chronic illnesses have been disguised in phrases that were mildly uncomplimentary to heredity. Insanity has been veiled in mystery. The causes of sterility have been credited to incompatibility.

Only recently have non-professional eyes and ears been admitted to the scene.

In 1934 at Cleveland my radio broadcast on the progress of medicine was censored and the part of that speech relating to syphilis was deleted. Shortly after that Surgeon General Parran courageously cancelled a radio address because he was not to be permitted to discuss the subject.

Now intelligence prevails and we usually talk with great freedom to unclassified audiences.

Violations of social hygiene are older than history—their results are written in prehistoric bones. In spite of their antiquity they must not be accepted supinely as inevitable.

Social diseases are so individualistic that it is essential to reach each individual victim to administer treatment and to prevent communication to others. It is a vast task to discover all of the sufferers and perhaps it is a greater task to make them follow effective therapy. Although methods of cure are known, the answers to the problems of social hygiene must be much stronger than doses of salvarsan and sulfanilamide. We all know that there are people who are poorly fed and poorly sheltered, but social hygiene concerns not only those who are so unfortunate, but people who live in the use of every convenience and personal comfort. Conventional veneer often covers virulent carriers. Many people are so affected with what some one has called "venereal disease nausea" that they are intolerant of any discussion of the origins and effects of these infections which are so dangerous to society.

Yellow fever is a loathsome disease but is under control. Smallpox is a loathsome disease, but it is preventable and would be under control in America if the Public Health

Authorities were obeyed. Thousands of children evade vaccination every year. It is a national disgrace that there were more than 14,000 cases of smallpox in this country last year. Syphilis is a loathsome disease. It is preventable, but is neither prevented nor controlled, although available statistics seem to show a diminishing frequency of new victims, and definite progress in the extent of treatment.

It was interesting to hear recently from several surveys of college students that only five individuals to five thousand were found to be sufferers from this disease. Although these reports are reassuring it must be admitted that these were selected individuals who were still under some parental and scholastic influence. It must be worth while, as I have seen, to have large audiences of children of high school age listen to lectures on social hygiene. The influence of plain talk upon enquiring minds, if given by people whose authorship is respected, must save many of our youth from destructive disease. Every avenue of education of young people must be explored so that ignorance cannot be charged with the responsibility for their contamination.

Parents must be taught to rouse themselves from carelessness or timidity in the sex-education of their children. It must be admitted that parents are more afraid of their children than children of their parents. The attitude of the child toward his parents is often one of patronizing tolerance of their old fashioned ideas. Parents are quickly out-moded and dumb. But like it or not, youth must be informed or parentage fails to meet its social obligation. Every human being must be enlisted in the battle to improve the quality of American Civilization. Sinners as well as saints must fight for the salvation of youth. Youth must protect youth against social snares.

Very few people accept real responsibility. They live from day to day following popular modes. Too busy to lead their children—"Let them lead their own lives" is a lazy slogan—and too often leads them beyond the pale of decency. A rich woman said to me—"My daughter has learned her sex lessons from one of the maids and I am afraid to ask her what she knows." Sex education is sometimes passed on to a doctor,

or a teacher or a minister, but most frequently children educate themselves. Why does such carelessness prevail in the care of the human animal, while at the same time there is so much popular evidence of meticulous attention to horses and cows and pigs and dogs?

Mental disease much of which results from violations of social hygiene is one of our most serious social problems. State hospitals for the insane and feeble-minded are all over-crowded. In the State of New York the percentage in excess of capacity ranges from ten to fourteen per cent. The percentage of admissions for general paresis have declined in ten years from 7.8 per 100,000 of the general population to 6.1. General paresis and other syphilis of the central nervous system accounts for a large proportion of the guests of our hospitals for the insane. We must be seriously concerned with the steady increase of insanity of all forms in the United States which requires custodial care. Clinicians must realize that there is a steady flow toward doors which must be locked for the protection of orderly living; that many apparently healthy lunatics are excitedly wrecking family and community life and that much unrestrained immorality is lightly regarded as amusing experience.

Unhealthy desires fanned by hot currents of discontent make life increasingly hazardous. Over-active glands are producing a hypertensive, unstable, inflammable race. Social disease, oblique morals, fragile nerves and unsound minds, all diseases of civilization common to man alone of all the animals are filling hospital beds—47 per cent of them in institutions for the insane. While glandular imbalance pushes some to the frontiers of genius, others who are meshed in lower gear bog down to dead levels of mediocrity or unemployable indigency.

Fifty years of modern medicine have salvaged so many of us that the average life expectancy is now sixty-two years. At the same time, reproduction is attended with difficulty. The birth rate is falling, ten per cent of marriages are sterile and there is no evidence that replacements are of stronger quality. Too many young mothers die; too many children fail to attain a strong maturity; too many hearts fail to keep

step with modern speeds; too many malignancies destroy young adults; too many people between the ages of thirty-five and sixty-five are limping along with incapacities.

In the midst of this dismal picture occur so many colorful stirrings by groups such as the American Social Hygiene Association that hope still lives. With a promise of recovery the doctor will have to do much more than surgical repair and protective immunization. He will have to concern himself with studies of personality, psychiatry and eugenics. Generations of thoughtful mating under the inspiration of the doctor will surely help. Meanwhile the foundation must be laid by the doctor.

He must educate youth physically and morally. He must be vigilant in helping the poor to help themselves. He must ease the path of low income people without lowering their morale. He must fight every degenerative disease. He must work out formulae for rehabilitating the victims of the industrial machine. He must keep himself upon a high plane and must take the directing place in society for which his education qualifies him.

His optimism must be stimulated by knowledge of the historic fact that for two thousand years his predecessors, who swore to carry on the Hippocratic tradition have survived the rise and fall of many civilizations. Again and again they have responded to the call for the altruism which has preserved their identity. Again he must become the counsellor and confessor. Again he must become a crusader to restore the integrity of family life and lead people back to an appreciation of the honest values of the abiding precepts of religion.

A crusade against syphilis will be obstructed by quacks inside and outside of the medical profession—by carelessness and indifference on the part of reputable citizens, and by organized vice. When the doctor looks at the victims of syphilis he must remember that they are human beings who have made mistakes. They should be treated with sympathy rather than as social outcasts who must be punished. He must remember that all sickness is an individual experience and particularly one that carries with it a specific stigma.



He must remember that it will be concealed, and that in the presence of a social hygiene drive irregular people will capitalize upon the publicity.

One must remember that many diagnoses are made over the counter at the drugstore; that remedies will be sold without record; and that the primary lesion may disappear under such influence and the victim lulled to a sense of security until secondary symptoms appear. There is also no doubt whatever that a very large number of people who receive treatment enough by physicians to clear up early symptoms lapse into indifference and have no care until a new evidence shows itself.

Dr. Stokes said recently—"Venereal disease has still an intrinsic tendency to come in through private windows rather than through the more widely opened clinic door. Why not then encourage the informal entrance into a modernized practitioner's treatment room, in charge of a man who has been made equal to his job."

Getting the patient under treatment involves not only every effort to educate every lay person in the necessity for treatment of every suspicious sore that does not heal quickly, but it involves an effort to reeducate every practicing physician to make correct diagnoses, and to institute correct therapy. It is, in my opinion, a matter of vital necessity that every doctor in this country—no matter what his specialty, or what the character of his practice, should be able to recognize the character of a lesion whether it appears upon an eyelid, or on the lip, or tongue or tonsil or on any other part of the body. He should consider it his obligation to start treatment himself at once or refer the patient to a competent therapist. It is true that many doctors shrink from treating these patients, because it is distasteful to them, or because they are not sufficiently public spirited, or chiefly because they have not sufficient technical education. I believe that every medical school should realize its patriotic duty and give every graduate enough education to release annually a new group of 5,000 young doctors who will carry an assured competence into this field of medical practice. I believe national and state examining boards should ask questions of sufficient strength

to determine the candidate's ability and that no license should be granted until the young doctor has demonstrated a satisfactory capacity.

I am also confident that the most remote country doctor is receptive to post graduate education and that it must be carried to him if he cannot afford to go to teaching centers. The clinic can seldom go to the country and much untreated syphilis is there. Accessibility of laboratories is important—not too much confidence is felt by local doctors in reports from an official laboratory at a State Capitol. The intelligent patient also feels that such reports are too impersonal and often asks for a check-up from some private institution. I believe that all tax supported hospitals should make serologic tests for physicians who live in hospital zones at minimum or no costs to the patient.

The new proposal of the President may carry new hospitals and laboratory facilities to places where they are needed and prove a great source of help in regions where the progress of social diseases are unchecked and untreated. The President should receive the hearty support of all physicians in this new project. The clinic should be in the doctor's office—he should be furnished with material by the State and he should be paid for his work.

In the December number of the *Annals of Internal Medicine* Dr. C. W. Clark analyzes 15,000 reports made to the Department of Health in New York City and finds that 78 per cent of infections were charged to prostitution. A challenge to organized battle against an organized social enemy! His figures also show that more than half of the victims were between the ages of twenty-one and thirty—a challenge to youth and to all people to enlist in all phases of this drive for a safe and sane America.

Laws and prohibitions will not deter untamed people from self destruction. *Education* is chiefly responsible for bringing tuberculosis down from first to seventh place as a cause of death. Education of every individual citizen of this democracy is the one promising force to save him from perils more serious than death.

After listening to experts all day beginning at ten o'clock this morning, I am convinced that all of them feel that their varied experiences, in one or another detail of social service, have proved the need of much more laboratory work in the field of education—if the objectives of this campaign are to attain the success which they deserve. (*Applause*)

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MR. MAYER: Thank you, Dr. Van Etten. We have a few moments before our radio program begins and I should like to call on Dr. Walter Clarke, Executive Director of the American Social Hygiene Association, to speak to us briefly.

DR. CLARKE: I should like to take this opportunity to bring you greetings from friends all over the country. Messages have been coming in all day long from those who wish us well and who regret that they cannot be with us today. Foremost among these words of encouragement is a telegram from the Governor of the State of Illinois, Henry Horner. Let me read what he says:

“Appreciate your invitation but sincerely regret that other engagements here will deny me the happiness of attending your dinner today. Kindly extend my hearty greetings to your guests and accept my good wishes for a successful and enjoyable meeting.”

*Signed, HENRY HORNER, Governor of Illinois.*

*Editor's note: for other messages received see pages 122-23. Dr. Clarke read as many of these as time permitted.*

At this same time I should like, also to express our appreciation to all who have cooperated in making this social hygiene conference in Chicago such a memorable as well as successful occasion. Our thanks are extended particularly to the four national cooperating associations, the United States Public Health Service, the American Medical Association, the American Pharmaceutical Association. Also to the State and Local Sponsoring Organizations, especially the Chicago Association of Commerce and the Illinois Social Hygiene League, which have furnished headquarters and other facilities for organization and promotion of interest. To the city of Chicago which has given so generously of its hospitality we also extend our hearty expression of appreciation and trust that we may look forward to many more such events here.

MR. MAYER: Thank you, Dr. Clarke.

PRESENTATION OF THE WILLIAM FREEMAN SNOW  
AWARD "FOR DISTINGUISHED SERVICE  
TO HUMANITY"

MR. MAYER: Through special arrangements with the Long Lines Division of the American Telephone and Telegraph Company, and through the courtesy of Radio Station WBBM of the Columbia Broadcasting System and Station KVOA of Tucson, Arizona, of the National Broadcasting Company's network, we are privileged to speak directly tonight to our guest of honor General John J. Pershing, and to bring his voice to the guests in this ballroom and to listeners throughout the Central States. At this time I would like to call upon Doctor Parran to introduce to you and to our radio audience, Major General Merritte W. Ireland, of the United States Army.

*During Mr. Mayer's remarks to the dinner guests an announcer for the Columbia Broadcasting System was introducing the program to the radio audience:*

ANNOUNCER: Good evening! We are speaking to you now from the Palmer House in Chicago where the Twenty-seventh Annual Meeting of the American Social Hygiene Association is being held.

In a few moments the William Freeman Snow Medal, awarded annually in recognition of distinguished service to humanity in the field of social hygiene, will be awarded to General John J. Pershing. We regret that his health prevents General Pershing from being here with us tonight so he could receive the medal award in person. Instead he is in Tucson, Arizona, while we here in Chicago are gathered to honor him. However, we have surmounted these difficulties in making the award and shortly the General will speak to you from Tucson.

You will next hear the voice of Surgeon General Thomas Parran, United States Public Health Service. Dr. Parran.

DR. PARRAN: Ladies and Gentlemen: We who are gathered here tonight, and you of the radio audience, join us, through the courtesy of Station WBBM of the Columbia Broadcasting System in the rare privilege of honoring a great American, a great soldier, a great leader of the social hygiene movement and of hearing his voice tonight. But first it is my pleasure to present to you another great soldier, a doctor soldier who as Chief Surgeon of the American Expeditionary Forces and as Surgeon General of the United States Army has done so much for public welfare and for medicine and health in the United States. Major General Merritte W. Ireland in behalf of the Association will now present the medal for "Distinguished Service to Humanity" to General John J. Pershing. General Ireland. (*Applause.*)

GENERAL IRELAND: Dr. Parran, Ladies and Gentlemen: Before the last two decades the Army had to fight the social diseases without help from the outside. The state health officers, the city health officers and the town councils would not believe the civil population in the vicinity of our military posts was at fault or that it was their business to help us. The Army was publishing its annual rates for these diseases, and the finger of scorn was pointed toward us. It was impossible to convince our friends in civil life that the venereal disease rate in the Army was but a low index of the rate in their towns. Moreover, the prudery that existed among our people before the World War made it impossible to talk about the social evils and to make any progress in preventive measures.

But in 1913 the American Social Hygiene Association was formed, and that modest but determined and efficient worker, Dr. William Freeman Snow, was made its Director. He very quickly organized an effective machine to fight the social diseases throughout the country.

When our troops were mobilized on the border in 1916, the Army received, for the first time, real assistance from the outside through the American Social Hygiene Association in the fight against the venereal diseases. This is not the place to tell of the wonderful work of this Association in protecting our soldiers during the World War in camps and overseas.

Since 1913 Colonel Snow has continued as Director of the Social Hygiene Association and today is recognized as one of the leaders in public health in this country.

On October first, 1937, his friends and admirers throughout the country honored Doctor Snow at a testimonial dinner in New York City and at that time presented him with a bronze portrait plaque. It was announced then that from time to time it was the intention of the American Social Hygiene Association to strike medals from this plaque to be presented to individuals of distinguished accomplishments in the field of social hygiene.

The first medal was presented to Dr. Edward L. Keyes of New York City, and the second was presented to the distinguished Surgeon General of the Public Health Service, Dr. Thomas Parran.

General Pershing, from your own experience as a general officer commanding troops in the field, you early learned of the loss of efficiency in a command from the social diseases, and you have always given your support to measures to protect our soldiers,—in the Philippines, in Mexico and on the border. As Commander-in-Chief of the American Expeditionary Force, your initiation and support of preventive measures gave you an army of more than two million men, with the lowest rate from these diseases any great combat army ever had. Your accomplishment in returning to the home land, your command free from these diseases, is something never accomplished before and has made generations of Americans your debtor.

Your broad support of social hygiene measures since the war, especially in the fight against syphilis, as the first Chairman of the National Anti-Syphilis Committee, has had a powerful influence in stimulating and maintaining interest throughout the United States which will assist greatly in making this campaign a success.

For your leadership and all these accomplishments in the field of social hygiene, the Board of Awards unanimously voted that you be given the 1940 Snow Medal by the American Social Hygiene Association, and they have given me the great honor of presenting it to you. (*Applause.*)

GENERAL PERSHING (*speaking from Tucson*): Good evening, General Ireland. I am very glad to hear your voice.

It is a great pleasure and a great honor for me to receive the 1940 Snow Medal awarded by the American Social Hygiene Association, especially so to receive it from your hands.

Whatever my accomplishments may have been in furthering the cause of social hygiene, they have been prompted by a profound sense of the importance of the eradication of social disease in this country.

From my experience, which you have already mentioned, I have no doubt that this can be accomplished. You have already cited the fact that the A.E.F. returned from abroad without a single case of infectious venereal disease. I am proud to restate that fact and do not think it can be stated too frequently.

Let me state again that it is my fixed opinion that our people can be educated up to such a state of mind on this question that social disease can be wholly eradicated in this country.

With this goal before us, I hope the Association will institute such an intensive campaign that it may be achieved within a reasonable time.

Expressing my appreciation again to the Association for the honor you have conferred upon me, and especially, General Ireland, thanking you, and with my compliments to Doctor Snow, may I say, Ladies and Gentlemen, "Good night." (*Applause.*)

DR. PARRAN: General Pershing, in behalf of your friends here and on behalf of the workers for social health all over the United States, I want to thank you for your message and for the continued wise guidance we shall count on you to supply during future years.

Ladies and Gentlemen: General Pershing has called our attention to the need for preparedness in our nation, in view of present world conditions, and he has emphasized the

important role of health preparedness on a national scale,—the role which this will and must play in our scheme of national defense.

“The ramparts we watch,” to quote Major Eliot’s phrase, also are in the homes of America in the freedom of ourselves and our families from preventable disease. It is encouraging to know that doctors, health officials, together with allied professions, such as nurses, pharmacists and social workers, who are all represented here tonight, have enlisted in this great, preventive medicine program for health preparedness. But we must all do our share in performance of this challenging task. Everyone must work side by side in a far-sighted program of progress,—the kind of progress which was projected when Congress passed the act of May 24, 1938 for federal assistance to the states toward control of venereal disease. The states and communities have responded encouragingly from their own resources. But national and state legislation are not enough. No matter how generous its provisions are, we lean heavily upon the work and leadership of the voluntary organizations such as the American Social Hygiene Association and its affiliates and cooperating agencies to teach prevention and the good life.

If such combined continuous effort goes steadily forward, it is very possible to say that by another generation our children need never know the shadow of syphilis nor the tragedies and heartbreaks arising from our other social hygiene problems.

General Pershing, if this great health progress shall come to pass, in large measure it will be because you and other pioneers have pointed the way, and our people have followed your lead. You have appealed to our young men for self-discipline and a recognition of the moral obligation they owe themselves and their country. You have urged them to lead clean lives for their own sakes and also because, by so doing, they promote national preparedness, by being physically fit to serve their country alike in peace or in war.

Civilization has taken a slump abroad. Enlightenment is gaining in America. (*Applause.*)



ANNOUNCER: Ladies and Gentlemen: You have just heard Dr. Thomas Parran, Surgeon General of the United States Public Health Service speaking in response to General John J. Pershing who spoke to you from Tucson, Arizona, after receiving the William Freeman Snow Medal for distinguished service to humanity.

The presentation was made by Major General Merritte W. Ireland, speaking from the Palmer House in Chicago, during the annual dinner session of the American Social Hygiene Association.

We return you to our studios.



DR. SNOW, SURGEON GENERAL PARRAN, AND GENERAL IRELAND  
PREPARING TO TELEPHONE GENERAL PERSHING

MR. MAYER: I would call your attention to the sessions of the Conference tomorrow, as described in the program. During the luncheon meeting plans and policies for the future will also be discussed. Many telegrams and messages have been received, and some have been prepared for sending to absent members and pioneers of both the national Association and the Illinois Social Hygiene League. But we shall have to transfer them to the session tomorrow.

Ladies and Gentlemen, the meeting stands adjourned.

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#### THOSE MOMENTS BEFORE A RADIO PROGRAM BEGINS

"We have a few moments before our radio program begins" said the Chairman in presenting Dr. Clarke (*see p. 115*). This was gracefully done and interestingly responded to exactly in accord with the time schedule worked out for all the speakers both in Chicago and Tucson, Arizona. The audience was pleased. Probably few present or listening in over the United States realized what devoted and skillful attention to details had been given to this perfect performance by officers and staffs of the Broadcasting and Telephone Companies, the Hotel Management, the Public Health Service, the national and local Social Hygiene Societies and cooperative groups.

Few realized also how much had to be omitted from Dr. Clarke's public acknowledgment of all these painstaking services and from his expected announcement or reading of resolutions and messages to leaders and pioneers who were unable to be present. Copies of these have been sent to persons and agencies concerned and recorded in the minutes and transactions of the meeting.

#### FRIENDS FROM NEAR AND AFAR EXPRESS GOODWILL

Telegraph wires were kept busy on *Social Hygiene Day* relaying messages of congratulation to Chicago. The affection of friends all over the country who could not be present to witness the award to General Pershing of the Snow Medal was expressed in countless letters and telegrams. The messages printed herewith will convey to JOURNAL readers something of the warm spirit of friendship which made the occasion memorable:

Congratulations for program of Fourth Social Hygiene Day and over quarter century service in great conquest and appreciation of cooperation of American Social Hygiene Association in National Health Council program. Many friends join in dinner meeting through broadcasts. With appreciative greetings to General Pershing and other friends.

IRA V. HISCOCK, *President, National Health Council and Professor of Public Health, Yale University School of Medicine*

National Society for Prevention of Blindness deeply appreciates assistance rendered by the American Social Hygiene Association in bringing babies' sore eyes under control. Congratulations to your organization upon year's accomplishment. Giving legal protection of blood test before marriage and in pregnancy to half the population is fine job. Best wishes for a decade of continued and expanding service.

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS

## PROGRAM AND SPONSORING AGENCIES

### New York Social Hygiene Regional Conference, February 7, 1940

Institute of Family Relations  
Inwood House  
Jewish Board of Guardians  
Jewish Social Service Association  
Manhattan Council of Girl Scouts  
Maternity Center Association  
National Association of Day Nurseries  
National Committee for Mental Hygiene  
National Committee on Maternal Health  
National Council of Women  
National Council of the Young Men's Christian Associations

National Girls' Work Council  
National Health Council  
National Organization for Public Health Nursing  
National Probation Association  
National Society for the Prevention of Blindness  
New York Academy of Medicine  
New York Association for the Blind  
New York City Board of Child Welfare  
New York City Department of Correction  
New York City Department of Health

New York City Department of Hospitals  
New York City Department of Public Welfare  
New York City Juvenile Bureau, Police Department  
New York Countertender Nurses Association — Jewish Board  
New York Society for Prevention of Child Abuse  
New York Society for Suppression of Venereal Disease  
New York State Council for the Blind

## IV. Social Hygiene Films—Their Use and Value

### Presiding:

DR. DONALD B. ARMSTRONG, *Chairman*, Health Education Service, New York Tuberculosis and Health Association

The following films will be shown:

"THREE COUNTIES AGAINST SYPHILIS"—(United States Public Health Service)

"WITH THESE WEAPONS"—(American Social Hygiene Assn.)

Trial Scene from "TRIAL FOR MARRIAGE"—(British)

Scene from "DAMAGED LIVES"—(Weldon Pictures Corp.)

"SEX IN LIFE"—(British)

"HOW ANIMAL LIFE BEGINS"—(U. S. Dept. of Agriculture)

### Speakers:

DR. ALICE V. KELIHER, *Chairman*, Commission on Human Relations, Progressive Education Association

MR. T. W. WILLARD, *President*, Willard Pictures

MR. DONALD SLESINGER, *Executive Director*, The American Film Center

MR. WARREN STURGIS, "The March of Time"

## LUNCHEON SESSION

### Presiding:

DR. I. OGDEN WOODRUFF, *President*, New York Tuberculosis and Health Assn.

### An American Health Program

DR. NATHAN B. VAN ETEN, *President - Elect*, American Medical Association

### Progress of Social Hygiene in 1939

DR. W. BAYARD LONG, *Chairman*, Social Hygiene Committee, New York Tuberculosis and Health Assn.

### Youth and Society

DR. HARRY WOODBURN CHASE, *Chancellor*, New York University

## AFTERNOON SESSIONS

### New Drugs in the Treatment of Gonorrhea

#### Presiding:

DR. DAVID J. KALISKI, *Syphilologist*, Beth Israel Hospital

#### Speakers:

GONORRHEA IN THE MALE—DR. NATHANIEL P. RATHBUN, *Urologist*, Brooklyn Hospital

GONORRHEA IN THE FEMALE—DR. EMILY D. BARRINGER, *Gynecologist*, Kingston Avenue Hospital

GONORRHEAL VAGINITIS—DR. REUEL A. BENSON, *Director of Pediatrics*, Metropolitan Hospital

GONORRHEA OF THE EYE—DR. MURRAY A. LAST, *Assistant Ophthalmologist*, Mt. Sinai and Manhattan Eye, Ear and Throat Hospitals

#### Discussion:

DR. TERRY M. TOWNSEND, *Urologist*, Morrisania and Lutheran Hospitals

DR. GEORGE R. HORTON, *Attending Surgeon and Assistant Professor of Urology*, Long Island College of Medicine and Hospital

(Session sponsored by the Coordinating Council of the Five County Medical Societies)

Department	New York State Conference on Marriage and the Family	United Neighborhood Houses of New York
Department	New York State Department of Health	United Parents Associations of New York City
Enile Aid	New York State Department of Social Welfare	United States Public Health Service
Department	Prison Association of New York	Visiting Nurse Association of Staten Island
es Regis-	Public Health Association of New York City	Welfare Council of New York City
ociation	Queensboro Tuberculosis and Health Association	Women's City Club
litan Sec-	Salvation Army	Women's Prison Association of New York
Welfare	State Charities Aid Association	Young Men's Christian Association, Brooklyn and Queens, Central Branch
for the	Travelers' Aid Society	Young Women's Christian Association
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## II. *Advising Youth on Marriage*

### *Presiding:*

HON. JOHN WARREN HILL, *Presiding Justice*, Domestic Relations Court

### *Speakers:*

DR. VALERIA H. PARKER, *Director*, Bureau of Marriage Counsel

DR. BERNARD GLUECK, *New School for Social Research*

DR. HENRY NEUMANN, *Leader*, Brooklyn Society for Ethical Culture

REV. LELAND FOSTER WOOD, *Secretary*, Committee on Marriage and the Home, Federal Council of Churches of Christ in America

### *Discussion:*

REV. OTIS RADCLIFFE RICE, *Rector* of St. Luke's Hospital; and Instructor in Pastoral Psychology at the General Theological Seminary

DR. ARTHUR E. DOME, *Executive Secretary*, Brooklyn and Queens Young Men's Christian Association

## III. *Social Treatment for 16-21 Years Old Delinquents*

### *Presiding:*

MRS. SIDNEY C. BORG, *President*, Jewish Board of Guardians

### *Speakers:*

MISS RUTH E. COLLINS, *Superintendent*, House of Detention for Women

HON. HENRY A. SOFFER, *Presiding Judge*, Adolescents' Court and Wayward Minors' Court

MR. LEONARD V. HARRISON, *Director*, Committee on Youth and Justice, Community Service Society

DR. HERMAN BAXT, *Chief Medical Officer*, New York City Penitentiary

### *Discussion:*

HON. JOHN H. MORRIS, *Sixth Deputy Police Commissioner*, New York City

HON. E. R. CASS, *General Secretary*, The American Prison Association and The Prison Association of New York; Member, New York State Commission of Correction

## IV. *Fundamentals of Sex Education*

### *Presiding:*

DR. JESSE FEIRING WILLIAMS, *Professor of Physical Education*, Teachers College

### *Speakers:*

DR. BENJAMIN C. GRUENBERG, *Consultant*, United States Public Health Service

DR. STEPHEN P. JEWETT, *Professor of Psychiatry*, New York Medical College

DR. LEONARD COVELLO, *Principal*, Benjamin Franklin High School

DR. A. S. BLUMGARTEN, *Lecturer*, New School for Social Research

### *Discussion:*

DR. FRANK J. O'BRIEN, *Director*, Bureau of Child Guidance, Board of Education

DR. MARGARET ELIZABETH WELLS, *Director*, The Riverside School

DR. THOMAS W. BROCKBANK, *Butler Hospital*, Providence, Rhode Island

The Houston Association sends greetings to the National Meeting and congratulates you on your selection of General Pershing as recipient of the William Snow Award. We are glad to report successful meeting here in observing Fourth National Social Hygiene Day.

EWING WERLEIN, *President, Houston Social Hygiene Association*

Deeply regret my inability to be with you today. Hope that the purposes of social hygiene may be greatly advanced by today's meeting and that an effective impetus will be imparted to the educational processes in which we are all so deeply interested. Please offer the assurances of my deepest interest to your many co-workers who look to you for leadership in one of today's greatest struggles.

ALPHONSE M. SCHWITALLA, S.J., *Dean of St. Louis University School of Medicine and Chairman, Missouri Social Hygiene Council*

Social Hygiene Day greetings from your Southern States Division! Two grand meetings scheduled for New Orleans and many more throughout the South. Mardi Gras usurps the ether but your friends will be with you in spirit.

RUTH HALLER, *Field Secretary, Southern States Division, New Orleans, La.*

Yonkers citizens meeting for National Social Hygiene Day Luncheon desire to extend their appreciation for the leadership of General John J. Pershing in the national social hygiene program.

MARIE F. KIRWAN, *Secretary, Yonkers Tuberculosis and Health Association*

Three hundred forty-six persons, gathered to hear Dr. Louise Pearce's address on syphilis, send appreciation and congratulations to parent organization.

ARTHUR W. TOWNE, *Secretary, Onondaga Health Association, Syracuse, N. Y.*

District of Columbia Social Hygiene Society sends National Association greetings and gratitude for constant aid and leadership in war against venereal disease. One hundred fifty representatives of seventy Washington social welfare groups meeting to celebrate National Social Hygiene Day, salute General Pershing and Chicago gathering.

H. H. HAZEN, M.D., *President*

RAY H. EVERETT, *Executive Secretary, Social Hygiene Society of the District of Columbia*

Massachusetts sends greetings and congratulations to General Pershing and to the American Social Hygiene Association for bestowing the Snow Medal where it is so justly deserved.

DOROTHY MILLER, *Executive Secretary, Massachusetts Society for Social Hygiene*

Best wishes extended to you and Chicago family on celebration today.

J. A. GOLDBERG, *Secretary, Social Hygiene Committee, New York Tuberculosis and Health Association*

Of his many well-deserved medals and other awards, General Pershing will receive none of greater significance to human welfare, happiness and family solidarity than the award of the William Freeman Snow medal for meritorious assistance toward the conquest of syphilis in America.

Social Hygiene Day greetings from the citizen health committees of New York State to the citizen groups of the United States represented at your Chicago meeting!

FOR THE NEW YORK STATE CHARITIES AID ASSOCIATION

HOMER FOLKS, *Secretary*; GEORGE J. NELBACH, *Assistant Secretary*

Best wishes and finest regards from the Kansas City, Missouri, Social Hygiene Society, over 1000 strong tonight, listening to Doctor Wenger. His leadership assures us of continued and increasing success in our mutual endeavor.

MARY D. REAM, *Executive Secretary, Kansas City Social Hygiene Society*

Greetings to the annual meeting of the Association in Chicago from San Francisco, where a most enthusiastic Social Hygiene Luncheon has just been concluded.

W. F. HIGBY, *Director, Western Division American Social Hygiene Association*

Doctor Pelouze aroused 170 local leaders attending Rochester social hygiene observance luncheon yesterday to combat pathetic disinterest in gonorrhea. Best wishes successful annual meeting.

RAYMOND H. GREENMAN, *Secretary, Social Hygiene Committee, Monroe County Tuberculosis and Health Association*

## THE REGIONAL CONFERENCE IN CHICAGO

The Dinner Meeting Program described in the foregoing pages was the high point in a two-day series of meetings which made up a Regional Conference held in Chicago on February 1 and 2. The full program is given below, as it took place at the Palmer House, with the American Medical Association, the American Pharmaceutical Association and the United States Public Health Service cooperating, ninety Illinois and Chicago agencies as sponsors, and the Chicago Co-ordinating Committee on Social Hygiene Day and the Illinois Social Hygiene League as hosts.

### PROGRAM

**General Theme:** Education of the public regarding the nature of syphilis and gonorrhea, the proper sources of medical care, and the background conditions which contribute either to the spread or the prevention of these diseases.

#### THURSDAY—FEBRUARY FIRST

##### 9:30 A.M. Morning Session

###### RED LACQUER ROOM

- Subject:** *Fundamental Background Problems*
- Presiding:** IRVING S. CUTTER, M.D., *Dean, School of Medicine, Northwestern University*
- Speakers:** *Sex Education: Today's Need and Today's Opportunity*  
MRS. FRANCES B. STRAIN, *Author and Lecturer, Chicago*  
*Prostitution and Sex Delinquency: Prevention, Protection and Rehabilitation*  
JESSIE F. BINFORD, *Executive Director, Juvenile Protective Association, Chicago*  
*Popular Health Education: Has It Succeeded?*  
WALTER CLARKE, M.D., *Executive Director, American Social Hygiene Association*  
*Can the Community Unite to Solve Social Hygiene Problems?*  
CHARLES E. MINER, *Administrator, Illinois Works Projects Administration*
- Discussion Leaders:** PROF. ERNEST W. BURGESS, *Professor of Sociology, University of Chicago*  
REV. ALPHONSE M. SCHWITALLA, *Dean, St. Louis University School of Medicine*

##### 12:30 P.M. Luncheon Session

###### GRAND BALL ROOM

- Subject:** *The Problems of Quackery*
- Presiding:** HERMAN BUNDESEN, M.D., *President, Chicago Board of Health*
- Speakers:** *Report of a Survey of Quackery and Other Illegal and Unethical Practices*  
BASCOM JOHNSON, *Associate Director, American Social Hygiene Association*  
*Charlatanism in Relation to Syphilis and Gonorrhea*  
PAUL BARTON, M.D., *Director, Bureau of Investigation, American Medical Association*  
*Quack Medicine for Syphilis and Gonorrhea*  
J. J. DURRETT, M.D., *Acting Chief, Food and Drug Administration, United States Department of Agriculture*

## 2:30 P.M. Red Lacquer Room

Showing of the American Social Hygiene Association's new talking motion picture **With These Weapons** and the United States Public Health Service film **Three Counties Against Syphilis**

## 3:00 P.M. Afternoon Session

## RED LACQUER ROOM

**Subject:** *Professional Cooperation*

**Presiding:** A. C. BAXTER, M.D., *Director, Department of Public Health, State of Illinois*

**Speakers:** *Facilities for Diagnosis and Treatment*

R. A. VONDERLEHR, M.D., *Assistant Surgeon General, United States Public Health Service*

*Adequacy of Preparation—Are We Giving Physicians the Training and Techniques they Need?*

W. S. LEATHERS, M.D., *Dean, School of Medicine, Vanderbilt University*

*Role of the Private Physician—How Can He Strengthen the Control Program?*

W. L. BIERRING, M.D., *Commissioner of Health, State of Iowa*  
*Standards and Ethics of the Pharmaceutical Profession—How Can the Cooperation of the Pharmacist Be Obtained?*

A. G. DUMEZ, PH.D., *President, American Pharmaceutical Association*

**Discussion Leaders:** VERNE K. HARVEY, M.D., *Commissioner of Health, State of Indiana*

BERTHA M. SHAFER, M.D., *Executive Director, Illinois Social Hygiene League*



DR. CLARKE, GENERAL IRELAND, DR. CUTTER, MRS. STRAIN, DR. BAXTER

## 6:30 P.M. Dinner Session

## GRAND BALL ROOM

- Presiding:** OSCAR G. MAYER, *President*, Chicago Association of Commerce
- Addresses:** *Work for Humanity*  
 THOMAS PARRAN, M.D., *Surgeon General*, United States Public Health Service
- The Challenge of Social Hygiene*  
 NATHAN B. VAN ETEN, M.D., *President-Elect*, American Medical Association
- Award of William Freeman Snow Medal for Distinguished Service to Humanity to GENERAL JOHN J. PERSHING, General of the Armies, former Chairman National Anti-Syphilis Committee*
- Presentation by MAJOR GENERAL MERRITTE W. IRELAND, United States Army*
- Acceptance by GENERAL PERSHING (by telephone and radio broadcast from Tucson, Arizona)*

## FRIDAY—FEBRUARY SECOND

## 9:00 A.M.—11:00 A.M. Section Meetings

## Section A

- Subject:** *Facilities for Diagnosis and Treatment*
- Chairman:** J. N. BAKER, M.D., Alabama State Health Officer
- Discussion Leader:** J. F. MAHONEY, M.D., United States Public Health Service

## Section B

- Subject:** *Adequacy of Training and Role of Private Physician*
- Chairman:** PAUL A. O'LEARY, M.D., *Professor of Dermatology*, University of Minnesota
- Discussion Leader:** S. WILLIAM BECKER, M.D., *Professor of Dermatology*, University of Chicago

## Section C

- Subject:** *Pharmacy and Medical Practice Laws and Their Enforcement*
- Chairman:** CARL N. NEUPERT, M.D., State Department of Health, Wisconsin
- Discussion Leader:** PHILIP E. RINGER, *Supervisor of Complaints*, Department of Registration and Education, State of Illinois

## Section D

- Subject:** *Popular Health Education*
- Chairman:** PAUL CORNELL, *President*, Romford School, Washington, Conn.
- Discussion Leader:** MRS. MARGARET WELLS WOOD, Consultant on Social Hygiene and Parent Education, Illinois Department of Public Health



**12:30 P.M. Luncheon Session****RED LACQUER ROOM**

**Presiding:** W. F. SNOW, M.D., *Chairman*, Executive Committee, American Social Hygiene Association

*Reports of Section Chairmen*

*Section A* DR. BAKER

*Section C* DR. NEUPERT

*Section B* DR. O'LEARY

*Section D* MR. CORNELL

**Adjournment of Conference****3:00 P.M. Round Table Discussions**

*A. Gonococcus Control; Chairman:* P. S. PELOUZE, M.D., Philadelphia

*B. Premarital and Prenatal Laws; Chairman:* BASCOM JOHNSON

*C. Sex Education; Chairman:* DR. SNOW

The program was supplemented by an exhibit of publications and graphic materials, additional showings of the new talking film *With These Weapons*, silent motion picture films and the talking slide films, *For All Our Sakes* and *Enemy of Youth*.

**SPONSORING AGENCIES FOR THE REGIONAL CONFERENCE**

Abraham Lincoln Centre; Adult Education Council; American Association of Medical Social Workers; American Hospital Association; American Legion—National Rehabilitation Committee, Area D; American Legion Auxiliary; American Red Cross—Chicago Chapter; Association for Family Living; Association House of Chicago; Big Brothers Association; Boys' Clubs Associations of Chicago; Central Civitan Club of Chicago; Central Free Dispensary; Chicago Association of Commerce; Chicago Board of Health; Chicago Boy Scouts of America; Chicago Church Federation; Chicago Commons Association; Chicago Federation of Settlements; Chicago Junior Association of Commerce; Chicago Lying-In Hospital and Dispensary; Chicago Medical Society; Chicago Recreation Commission; Chicago Relief Administration; Chicago Retail Druggists' Association; Chicago Urban League; Chicago Woman's Aid; Children's Memorial Hospital; Children's Scholarship League; City Club of Chicago; Committee of Fifteen; Cook County Bureau of Public Welfare; Cook County Federation of Women's Clubs; Cook County Physicians' Association; Council of Social Agencies of Chicago; Department of Public Health of Berwyn; Department of Public Health of Cicero; Department of Public Health of Evanston; Department of Public Health of Maywood; Department of Public Health of Oak Park; Department of Public Health of Winnetka; Diocese of Chicago—Episcopal Church; Douglas Smith Fund; Elizabeth McCormick Memorial Fund; Henrotin Hospital; Hull House; Joel D. Hunter, General Superintendent, United Charities of Chicago; Illinois Children's Home and Aid Society; Illinois Congress of Parents and Teachers; Illinois Department of Public Health; Illinois Manufacturers' Association; Illinois Pharmaceutical Association; Illinois Social Hygiene League; Illinois Society for Mental Hygiene; Illinois Society for the Prevention of Blindness; Illinois State Department of Registration and Education; Infant Welfare Society of Chicago; Institute for Juvenile Research; Institute of Medicine of Chicago; Jewish Children's Bureau; Juvenile Court of Cook County; Juvenile Protective Association; Kiwanis Clubs—Chicago Area Conference; Lions International; Loyola University, School of Social Work; Lutheran Deaconess Hospital;

Michael Reese Hospital; Charles E. Miner, Administrator for Illinois Work Projects Administration; Mount Sinai Hospital; National Council of Jewish Women; National Hospital Association; National Youth Administration of Illinois; Northwestern University Clinics; Northwestern University Settlement Association; Northwestern University School of Social Work; Passavant Memorial Hospital; Polish Welfare Association of the Archdiocese of Chicago; Presbyterian Hospital; Provident Hospital; Research and Educational Hospital of the University of Illinois; St. Luke's Hospital; Salvation Army; Service Council for Girls; Tuberculosis Institute of Chicago and Cook County; University of Chicago Clinics; Visiting Nurse Association; Woman's Auxiliary, Chicago Branch, National Medical Association; Woman's Christian Temperance Union of Illinois; Woman's City Club of Chicago; Young Women's Christian Association; and

#### THE CHICAGO CO-ORDINATING COMMITTEE ON SOCIAL HYGIENE DAY

Whose Membership Included:

Jessie Binford; Edward L. Burchard; William J. Campbell; S. W. Evans; Jesse A. Jacobs; Mrs. Samuel T. Lawton; B. K. Richardson; Alexander Ropchan; A. E. Russell, M.D.; Louis D. Smith, M.D.; George G. Taylor, M.D.; Bertha M. Shafer, M.D., Chairman.

The conference and meeting were highly successful, both from a standpoint of interest and as regards a definite program to deal with problems of quackery and charlatanism which impede the campaign against syphilis and gonorrhea.

#### Statistics

*Attendance:* 1,000, including, with officers and staff members of the four national cooperating agencies, representatives of official and voluntary health agencies from Illinois, Wisconsin, Minnesota, Nebraska, Iowa, Michigan, Indiana, Tennessee, Arkansas, Oklahoma, Ohio, Kentucky and Texas.

*Programs distributed* by request of sponsoring agencies, 30,000, including:

Illinois Pharmaceutical Assn.....	3,500
WPA (Chicago Syphilis Control Project).....	2,000
Illinois Congress of Parents and Teachers.....	1,700
National Youth Administration of Illinois.....	1,000
Kiwanis Clubs, Chicago area.....	600
Episcopal Diocese of Chicago.....	500
Chicago Board of Health.....	500
Illinois Manufacturers Assn.....	500

The National Youth Administration also distributed 1,000 copies of the *Social Hygiene Herald*, and the Chicago Retail Druggists Association placed 100 Social Hygiene Day posters in local drug stores. The Chicago Public Library posted Social Hygiene Day posters and programs on bulletin boards in their main library and twenty branches.

#### Highlights

The arrangement of the program built up naturally from the exposition of *Fundamental Background Problems of Social Hygiene* in the opening session on Thursday morning, through practical dis-

cussions of specific current problems in the campaign against venereal diseases and ways and means of solving them.

Especially interesting were the meetings on the second day of the Conference. Chairmen of four *Section meetings* held in the morning reported on proceedings during the Friday luncheon, presenting resolutions growing out of their discussions. *The Friday afternoon Round Tables* drew an attendance far exceeding expectations. Nearly a hundred educators and interested laymen attended Dr. Snow's discussion on *Sex Education*, with nearly as many gathering at the same time to hear Dr. Pelouze speak on *Gonococcus Control* and Bascom Johnson discuss *Premarital and Prenatal Laws*.

Chicago radio outlets cooperating in Fourth National Social Hygiene Day:

WJJD, independent station, Chicago, Jan. 27, 9:30-9:45 A.M. PTA program. Dr. Bertha M. Shafer, speaker. Topic: "*Social Hygiene Preparedness*."

NBC, blue network. A.M.A. program Feb. 1, "Medicine In The News." Featured "*The Prevention of Congenital Syphilis*." Chicago, 3:30 P.M., CST.

WGN, Mutual Broadcasting System, Chicago. Feb. 1, 1940, 2:45 P.M. Good Health program. Dr. Walter Clarke, speaker. Topic: "*Side-Partners of Syphilis*." (Illinois Society for Mental Hygiene.)

WBBM, Columbia Broadcasting System—9:15-9:30 P.M. *Presentation of the Snow Medal to General Pershing*.

*Publicity:* The metropolitan and State papers were unusually generous. Especially noteworthy was the *Chicago Tribune's* story about the *Snow Medal*, with pictures of both sides of the Medal, the *Chicago News's* fine advance story featuring General Pershing; a feature on Mrs. Frances B. Strain and lengthy, complete accounts of the proceedings in the *Evanston News-Index*, to name but a few of the outstanding ones. Governor Horner issued a proclamation endorsing *Social Hygiene Day*; this announcement was printed throughout the State.

*Exhibits:* A comprehensive and interesting exhibit of pictorial and graphic material was provided for display during the Conference by the U. S. Public Health Service, the American Medical Association, American Social Hygiene Association and the Association for Family Living. Of special interest to Conference delegates was the exhibit dealing with the *problems of quackery*, together with several important new publications on this problem.

Three leading Chicago bookstores and book sections cooperated by showing special displays of social hygiene book lists and books, including *Kroch's* Michigan Avenue Store, *Brentano's* and the *Marshall Field Book* section.

*Film Showings:* The American Social Hygiene Association's new eleven minute talking moving picture on syphilis, *With These Weapons*, had its premiere in Chicago during the Conference and, with the U. S. Public Health Service's two-reel film, *Three Counties Against Syphilis*, was shown on a continuous schedule.

Best of all—as always—was the opportunity for a reunion of old friends and making of new ones in the friendly atmosphere which is so characteristic of Social Hygiene meetings everywhere.



MRS. R. W. BARRIS, A.S.H.A. FIELD SECRETARY, SUGGESTS HELPFUL LITERATURE TO A PROSPECTIVE BRIDE AT THE CONFERENCE EXHIBIT

## THE ANNUAL BUSINESS MEETING IN NEW YORK

In accordance with the official call issued in December, the Association's Annual Business Meeting was held at the Hotel Astor in New York City on February 7th. Officers, members and friends attending participated also in the New York Regional Conference held on that day, in which several thousand persons joined.\*

General Officers were elected as follows:

<i>Honorary President:</i>	Edward L. Keyes, M.D., New York
<i>President:</i>	Ray Lyman Wilbur, M.D., California
<i>Vice-Presidents:</i>	Mrs. Henry D. Dakin, New York
	John H. Stokes, M.D., Pennsylvania
<i>Secretary:</i>	Maurice A. Bigelow, New York
<i>Treasurer:</i>	Timothy N. Pfeiffer, New York

On motion duly approved the completion of the Board and Officers by filling vacancies in the three year term 1940-41-42, was deferred to the first quarterly meeting on request of the Nominating Committee.

*Standing Committees for 1940* were named by President Wilbur as follows:

*Committee on Credentials:* Ray H. Everett, *Chairman*, District of Columbia  
 Mrs. Henry D. Dakin, New York      W. F. Higby, California  
 Margaret Flynn, Kentucky      Harriet S. Cory, M.D., Missouri

*Committee on Resolutions:* Hugh R. Dowling, *Chairman*, Maryland  
 P. S. Pelouze, M.D., Pennsylvania      Ralph E. Wager, Georgia  
 Rachelle S. Yarros, Illinois      Mary Stewart, Texas

*Committee on Nominations:* Ira V. Hiscock, *Chairman*, Connecticut  
 John M. Sundwall, M.D., Michigan      Walter W. R. May, Oregon  
 Mary S. Gardner, Rhode Island      Robert H. Bishop, Jr., M.D., Ohio

*Executive Committee:* (1940 Members) William F. Snow, M.D., *Chairman*  
 George Baehr, M.D.      Bailey B. Burritt  
 Kendall Emerson, M.D.      Ray Lyman Wilbur, M.D., *ex-officio*  
                                  Maurice A. Bigelow, *ex-officio*

*Finance Committee:* (1940 Members)  
 Robert H. Bishop, Jr., M.D., *Chairman*, Ohio      Charles A. Babcock, New York

*The Membership Corporations Report:* This report, prepared in accordance with the New York State law under which the Association is incorporated, and approved at the Business Meeting, showed for the year ending December 31, 1939:

Number of new members acquired during the year.....	2,359
Personal property of the Association (cash and accounts receivable)...	\$ 32,238.73
Amount acquired during the year.....	148,516.68
Amount applied, appropriated or expended.....	161,706.21*

The above figures summarize the reports from the Association's Treasurer and Frederick Fischer and Company, auditors, which were ordered to be filed for future reference. Details of income, expenditures and finances generally appear at the close of the year as follows:

\* See center photograph.

## INCOME—January 1 to December 31, 1939

Contributions .....	\$121,660.18	
Membership dues and subscriptions to <i>Journal of Social Hygiene</i> .....	6,228.86	
Income from books, pamphlets, films, exhibits and other materials .....	20,435.88	
Miscellaneous income .....	191.76	
Total Income 1939		\$148,516.68

## EXPENSE—January 1 to December 31, 1939

Public Information and Education .....	22,635.41	
Legal and Protective Activities .....	9,392.86	
Medical and Public Health Activities .....	9,036.63	
National Education Committee Activities .....	5,621.39	
Executive Committee (Special Studies and Field Activities) .....	3,966.64	
General Field Service .....	26,943.27	
Publications: <i>Journal of Social Hygiene</i> , <i>Social Hygiene News</i> , books, pamphlets, films, exhibits .....	24,415.09	
National Anti-Syphilis Committee—including financial campaign .....	29,777.44	
Special Projects: Social Hygiene Day, Youth Service, World's Fair Exhibit, Special studies of prostitution and quackery, Cooperation with Health Authorities, and miscellaneous .....	29,917.48	
Total Expense 1939		161,706.21*

MARGIN OF EXPENSE OVER INCOME FOR 1939..... \$ 13,189.53

Net Worth January 1, 1939..... 38,535.25

Less William Freeman Snow Medal Fund—Expense... 3.50 38,531.75

NET WORTH—December 31, 1939 (made up as follows)..... 25,342.22

## ASSETS:

<i>Special Funds</i> —William Freeman Snow Medal Fund	277.88
<i>General Funds</i>	
Cash for general purposes and special projects, including revolving funds and petty cash.....	26,370.94
Cash held for state and community projects with Anti-Syphilis Committees .....	415.38
Advances to staff for travel .....	2,086.76
Accounts receivable for publications (as above)...	2,987.77
Securities—10 shares Boston Wharf Company stock—Estimated value as of December 31, 1939.....	100.00

Total Assets \$31,960.85

## LIABILITIES:

Due Anti-Syphilis Committees for state and community projects .....	\$ 415.38
Accounts payable for printing materials and special expense Social Hygiene Day..	6,481.13

Total Liabilities \$6,896.51

NET WORTH December 31, 1939.....\$25,342.22

\* The Association has had on its payroll during the year, certain staff members who have been assigned for part time to co-operative projects with the Committee on Neighborhood Health Development of New York City and with the United States Public Health Service. Compensation for these services was paid directly to the respective staff members by these agencies. The total compensation for these services rendered during the year amounted to \$12,454.90 and is in addition to the total of \$161,706.21 for expenses of the Association as indicated above.

## BOARD OF DIRECTORS' ANNUAL STATEMENT

### *To the Members of the Association:*

Last year, the statement of the Board dealt primarily with the organization and duties of the Board of Directors and the standing committees which the Board has created in the course of administering the affairs of the Association. This year the Board desires to report that considerable attention has been given at quarterly meetings to ways and means of revising all these procedures and strengthening the personnel of the Board and its committees to best meet the new conditions which have grown out of the past decade.

The President appointed last year a special committee under the chairmanship of Dr. Livingston Farrand in the expectation that its recommendations would be made at this meeting. Our irreparable loss of Doctor Farrand during the year limited and delayed the studies on which these recommendations were to have been based. As a result, it is the opinion of Doctor Wilbur, in which the Board concurs, that studies of these matters should be continued and future recommendations should be made to the Board of Directors pending the next meeting of the membership of the Association.

The Board presents with this report the usual series of supporting documents which include the minutes of its meetings, reports of the Executive Committee and of its standing and special committees.

Since the annual meeting this year has been divided into, first, general sessions and section meetings in connection with the regional conference, jointly arranged with the Illinois Social Hygiene League and ninety sponsoring agencies, in Chicago, and, second, the business session to be held February 7th in New York with the New York Regional Conference, the Board asks permission to incorporate any supplemental material and recommendations which may grow out of the present sessions in Chicago.

In conclusion, the Board feels that members of the Association may take pride in reviewing the activities of the year which are summed up briefly in the attached summary by the Executive Director. This brief progress report seems to the members of the Board to constitute a most convincing plea for continuance of the "Eight-Point Program on Forty-eight Fronts" as the nucleus of the program for the year 1940. Those members of the Board who serve on the Executive Committee have a special realization of the fact that all this excellent work could not have been accomplished except through the sustained efforts and devotion of the entire staff who have served throughout the year under great pressure and necessarily without many needed facilities or sufficient supporting personnel.

The Board would make a special plea for the raising of the entire projected budget of \$220,000 in order that the established work of the national office for 1940 may be done most effectively, while at the same time perfecting and extending the regional and local activities which are so urgently in demand.

Respectfully submitted,

SUSAN D. HERTER DAKIN  
(Mrs. Henry D. Dakin)  
Secretary

### PROGRAM FOR 1940

As mentioned above the Association's activities for 1940 as recommended by the Executive Director and approved by the Board will follow the same general lines as heretofore. Four main divisions of work will be continued:

*Public Information and Extension    Medical and Public Health Activities*  
*Legal and Protective Activities    Sex Education and Training for Family Life*

Special projects such as *Social Hygiene Day*, *Youth Service*, and *Community Service* will draw upon the whole staff.

### BUDGET FOR 1940

The budget adopted for the current year is in line with the activities proposed and is summarized below as follows:

<b>A. GENERAL BUDGET</b> .....	<b>\$200,000</b>
1. <b>Public Information and Extension</b>	
Development of state, community and group programs, aid in organizing new social hygiene groups and training personnel, Journal of Social Hygiene, Social Hygiene News, special pamphlets, films and exhibits, publicity materials, general correspondence and information activities .....	\$39,637
2. <b>Legal and Protective Activities</b>	
Aid to the states and communities in studying and combating the "rackets" of commercialized prostitution and venereal disease quackery; advice to state groups concerning adequate and enforceable social hygiene laws, including special provision for protection of marriage and childhood from syphilis; promotion of community protective measures to state-guard youth .....	13,424
3. <b>Medical and Public Health Activities</b>	
Clearing house service to health authorities and the medical profession, to nurses and medical social workers, on new methods and materials in the campaign against syphilis and gonorrhea; advisory service to aid infected persons to seek and find reliable medical aid; promotion of community facilities and services through which the public assists in this work..	14,924



**4. Sex Education Program**

Consultation and correspondence with parents, teachers, church leaders, and physicians on sound sex education and hygiene; cooperation with these and other agencies in developing practical plans for the preparation and training of youth for marriage and parenthood; promotion of State, Church, and Community encouragement and protection of marriage and family life, development of the National Education Committee ..... 11,162

**5. Special Projects**

Social Hygiene Day, Youth Service, New York World's Fair, National Health Council and National Social Work Council Activities, Services to States and Communities, 1939 cooperative projects with health authorities and other groups..... 35,610

**6. Field Service**

Direct consultation and advisory service for state and community groups through regional offices, demonstration and study projects, lecture and conference schedules related to each of the four major fields of activity listed; field work on special problems and extension..... 48,693

**7. Committee Activities**

Finance Committee program and related National Anti-Syphilis Committee activities; Executive Committee studies and administration; Membership Committee activities; other standing and special committee activities, and cooperation with official and voluntary agencies in promoting social hygiene work and support..... 36,550

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\$200,000

**B. PUBLICATIONS SERVICE BUDGET..... 20,000**

Stock pamphlets, books, films, exhibits and other materials

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**Total Budget Needs for 1940..... \$220,000**

**COMMITTEE REPORTS***Finance Committee (ROBERT H. BISHOP, JR., M.D., Chairman)*

The Committee reports progress upon the fund-raising campaign, which shows for 1939 a total of \$121,660.18 with a total income of all sources of \$148,516.68. In view of the times and the difficulty in raising money this is considered an excellent showing. Nevertheless it is \$13,189.53 less than the minimum amount which the Executive Committee found it necessary to expend for needed activities. This difference was covered by transfers of the cash on hand at the beginning of the year. It should be noted that splendid progress is being made toward the Anti-Syphilis Committee's objective to increase the number of contributors. The total number of contributors as of December 31 was 3,762 which is a 37 per cent increase over 1938 and approximately 8 times as many contributors

as were participating in the Association's support previous to May, 1937, when the campaign started. The total amount of contributions received for the year does not show an increase corresponding to the number of donations, a 6 per cent decrease being shown in comparison with 1938. It is encouraging, however, to note that the plan for securing the Association's support from a wide representation of contributors is achieving such excellent results.

The Executive Committee in approving this program and budget for presentation to the Board of Directors stated that economies would be observed wherever and whenever possible and that the Association would be expected to live within its income, though the Committee stated that the full amount of \$220,000 could not be reduced without seriously handicapping important activities during the year.

#### *The General Advisory Committee*

No report was made by the Committee this year as its activities were covered in reports to the Board of Directors.

#### *The Credentials Committee* (RAY H. EVERETT, *Chairman*)

This Committee reported a quorum of members present for the business meeting, and stated that it had continued to serve throughout the year 1939 as the Membership Committee. Details of the totals of membership as presented in the Membership Corporations Report were given as follows:

	<i>New Members for 1939</i>	<i>Total Membership Enrollment as of December 31, 1939</i>
Society members .....	7	49
Library members .....	87	676
Individual members .....	2,265	7,792
	<hr/>	<hr/>
Total number of members for 1939..	2,359	8,517

The Committee has noted that contacts of individual members with the staff and officers of the Association has markedly increased during the past year. It is also encouraging to note increasing activities of collaborating members and continuance of transfers of collaborating members to active dues-paying memberships. The less formal relationships of the Association to individuals receiving the *Social Hygiene News* seem to bear out the opinion that this monthly contact with something over 30,000 persons stimulates a great deal of community activity through discussion and participation in social hygiene work.

Again this year, the Committee desires to recommend that the membership be kept constantly in mind as a valuable source of information on state and community conditions as well as for influential groups to promote public interest in and understanding of the national voluntary and official programs.

*The Committee on Resolutions* (HUGH R. DOWLING, *Chairman*)

This Committee, which is required by the by-laws of the Association to function during the meetings of the Association as a reference body for consideration and report upon all resolutions introduced, has by precedent become a year-round standing committee also advising the officers and staff of the Association in reference to resolutions and policies which involve careful statements on which adoption and action are based.

During the year, various questions have arisen concerning interpretation or specific action in relation to carrying out the purposes of the resolutions adopted at the annual meeting February 1, 1939. It seems unnecessary to record the advice and judgments given under these conditions, but this report should record some of the more important resolutions presented for adoption by the Board of Directors during the year:

(1) WHEREAS, a National Emergency has been proclaimed by the President of the United States; and

WHEREAS, the nature of this emergency and resulting demands upon the American Social Hygiene Association may call for increased funds and additional personnel during the year 1940;

BE IT RESOLVED: That the Association should prepare to meet these demands, and offer its services to the federal, state, and local governments to such an extent and in such ways as may be determined in conference with officials concerned; and

BE IT FURTHER RESOLVED: That the Finance and Executive Committees are authorized and instructed to work out the necessary plans and to seek contributions from sources other than those now receiving appeals for the normal program of the Association."

(2) WHEREAS, death has come to a number of outstanding leaders in the social hygiene field, among whom were Dr. William H. Park, Dr. E. R. A. Seligman, Miss Grace Abbott, Mr. C. C. Carstens, Mr. Evart G. Routzahn, Mrs. C. B. Olds, Dr. E. C. Brown, and Miss Eloise A. Hafford;

BE IT RESOLVED: That the American Social Hygiene Association record herewith its profound sorrow at the loss of these friends and co-workers.

WHEREAS, the Board of Directors has lost one of its members, Dr. Livingston Farrand; and

WHEREAS, the American Social Hygiene Association has had the benefit of inspiration and active leadership from Dr. Livingston Farrand serving as an officer and member of the Board of Directors since its organization in 1914; and

WHEREAS, death has deprived the Association of his aid and guidance;

BE IT RESOLVED: That the officers and members express their sorrow and profound regret that Doctor Farrand has been taken from us; and take this occasion to rededicate themselves and the Association to continue work in its field to which he gave such distinguished service,

AND BE IT RESOLVED that a copy of these resolutions be sent to Mrs. Farrand and her family in behalf of the membership of the Association.

(3) The Committee asks approval also of the following resolution:

RESOLVED: That the acts and proceedings of the Board of Directors, of the Executive Committee, and of the officers of this Association heretofore had, be and the same are hereby ratified, adopted, and approved, and made the acts and proceedings of the Association at this meeting, to take effect as of the several dates on which the acts and proceedings purport respectively to have been had.

(4) WHEREAS, due to courage and initiative shown by governors and legislators of numerous states in supporting constructive programs of State and local health officers, great progress has been made in the past three years toward the control and eradication of syphilis and gonorrhea; and

WHEREAS, it is essential that such programs be continued and enlarged;

THEREFORE, BE IT RESOLVED: That the State legislatures now in session, 1940, and those planning to meet next year, 1941, and the Governors of all states be memorialized regarding the extension and improvement of these programs and increase of funds for the control of syphilis and gonorrhea; and the support of Congress in appropriating the amount (\$7,000,000) authorized by the Act of May 24, 1938, for assisting the states in the control of the venereal diseases for the year ending June 30, 1941.

(5) WHEREAS, through the increased cooperation of the public press, leading magazines and periodicals, motion pictures, and radio facilities, continued advancement has been made in disseminating scientific and helpful social hygiene information; and

WHEREAS, sound sex education forms an important part of social hygiene education and is vitally important to individual and social welfare;

THEREFORE, BE IT RESOLVED: That the American Social Hygiene Association, and all of its affiliated and cooperating agencies, continue and expand the program of well-planned sex education and enlist the continued support of religious, educational, civic, and other agencies in this work.

In this connection the Committee submits the following recommendation adopted at the General Session of the Annual Meeting in Chicago, February 2nd, 1940, as presented by Mrs. Langworthy and Mrs. Margaret Wells Wood in behalf of the delegates and representatives attending the Health and the Sex Education section meetings:

"We recommend that the American Social Hygiene Association should actively solicit the interest and support of such key organizations as the General Federation of Women's Clubs, National Congress of Parents and Teachers, National Education Association and Progressive Education Association, and the National Health organizations in a cooperative effort to promote an adequate program of sex education for both parents and teachers, which shall result in satisfactory sex education for all children."

(6) From the Chicago sessions the Committee also has received two resolutions concerning prostitution:

*I. Licensed or Tolerated Prostitution and the Spread of the Venereal Diseases*

WHEREAS, many persons who acquire syphilis or gonorrhea after birth acquire these diseases as a result of their own promiscuous sex relations with infectious individuals or from persons who have been infected in this manner; and WHEREAS, prostitutes are particularly exposed and likely to become infected and infectious; and

WHEREAS, the licensing or toleration of prostitution or agencies promoting prostitution encourage the number and accessibility of prostitutes and the volume of their promiscuity; therefore

BE IT RESOLVED, that the licensing or toleration of prostitution in any community is opposed to and a handicap in carrying out venereal disease control programs.

*II. Relations of Health Departments to Police and Courts in the Repression of Prostitution*

WHEREAS, the commercialization of prostitution has been declared by the legislature of nearly every State to be an offense against public order and public morals; and

WHEREAS, commercialized prostitution has been demonstrated to be a prolific source of spreading the venereal diseases, and therefore a menace to public health; therefore

BE IT RESOLVED, that it is the duty of health officers to advocate the repression of commercialized prostitution by the police, the courts and protective agencies, and to cooperate to this end with these and other agencies in every proper manner.

(7) In addition, other resolutions some of which call for action or specific reference to the Board of Directors for consideration, have been received from the Chicago sessions. All of these are submitted for such disposition as the members may decide; but it is suggested that they be approved in principle and referred to the Board with power to revise and use as occasion may warrant. The members present at the Chicago meeting recommended that the four Chairmen of Sections edit these resolutions.

In conclusion, the Committee asks suggestions which the members desire followed up during the year.

## SPOTLIGHT ON 1939

### HOW SOCIAL HYGIENE REACHED OUT TO MILLIONS IN THE PAST YEAR

*Reading time: 4½ minutes*

*What did the American Social Hygiene Association do in 1939, the 26th year of its national service? Some of the principal activities and accomplishments are "spotlighted" here. It is an anti-syphilis "success story"—and a statistical review of progress in all directions for social hygiene.*

#### Informing the Citizen

The Association stimulated and serviced more than **5,000 Social Hygiene Day meetings**, furnishing local sponsoring groups with program materials and a great background of national publicity.

It welcomed a quarter million visitors to its Social Hygiene in Your Town exhibit at the **New York World's Fair**. Exhibits also were shown at the **American Medical Association** meeting, the **National Conference of Social Work**, and to 95 other groups in all parts of the country.

The **Youth Service** of the Association helped 1,295 young people's organizations, and through them several million young men and women.

The Association staff gave more than a hundred **lectures and talks** before citizen audiences numbering many thousands.

Its publicity facilities and contacts led newspapers and magazines to print approximately **20,000 news stories, editorials, features, cartoons** and continuity strips.

Association material and service secured from radio an estimated **600 hours of air time** for social hygiene, including 3 coast-to-coast hookups.

Association headquarters office alone, not counting correspondence coming to the branch offices, handled **54,000 pieces of incoming and 316,000 of outgoing mail**. Through the **Journal of Social Hygiene** and the **Social Hygiene News** 36,000 people received monthly from the Association authoritative information on current social hygiene events and special facts about the "8-point program" against syphilis and gonorrhea.

The Publications Service distributed **1,245,000 pamphlets, 5,554 books and 48,540 charts and posters**.

Staff members conceived and produced the new sound motion picture **With These Weapons: The Story of Syphilis**—a “short” which already has met wide and favorable approval and which includes the first moving pictures of the spirochete ever taken in the United States.

**Films** sponsored and distributed by the film service of the Association were shown over 15,000 times to a combined audience of millions.

### Mobilizing the Citizen

The American Social Hygiene Association increased its contacts with the millions by continuance of **regional offices** in San Francisco and Washington and by special representation in New Orleans and Chicago.

Fifteen staff members travelled 130,000 miles into 500 communities in 48 states to carry information and advice to the citizen, to citizen groups, to all the public that are becoming increasingly interested.

The Association was a principal factor in the increase of organized local social hygiene groups from 145 to 159. It greatly expanded the influential personnel which makes up its **National and State Anti-Syphilis Committees**, its **National Education Committee** and other volunteer units.

It recorded really effective aid to the social hygiene movement from more than 40 official national and voluntary agencies, establishing initial contacts with 322 similar groups.

Meanwhile the paid membership of the American Social Hygiene Association rose to its highest figure in 26 years, and its number of contributors increased 37 per cent over the number in 1938—the best previous year in this respect.

### Improving Our Laws

Nine more states were added to 10 already requiring **premarital examinations** of marriage license applicants to reduce syphilis among new families. Fourteen more states were added to 3 requiring that physicians secure blood tests at the time of their first **examination of expectant mothers** as a step in checking congenital syphilis. The Association encouraged the passage of these laws and gave its legal and technical experience to legislators and many groups interested in new laws or in the improvement of faulty legislation.

Congress appropriated \$5,000,000 under the second year of the **Venereal Disease Control Act of 1938**, friends of the Association who knew the importance of continuing this work rallying to the support of the Act when it seemed that some of the law's intentions were in danger.

At home and in the field the Association's **legal staff aided and counseled** numerous state and local groups regarding the bases for social hygiene legislation and completed a 400-page summary of venereal disease control legislation in the 48 states.

### **Enforcing the Laws**

The legal staff **encouraged efficient administration of existing laws** and to this end made **prostitution surveys** in 62 cities and 31 states.

Further, the legal staff **studied medical quackery** in 44 cities in 25 states—the Association realizing that the progress of the anti-syphilis campaign was being seriously impeded by all sorts of medical quacks, charlatans, herbalists and nostrum dispensers.

In cooperation with the federal government the Association made **special studies** of conditions near 17 Army and Navy camps or recruiting and training stations.

Association expert **counsel to civil and military authorities** helped solve difficult environmental problems in relation to Army and Navy training areas.

### **Combatting Syphilis and Gonococcal Infections**

Staff members of the Association rendered year-round **consultant service** to federal agencies, including the U. S. Public Health Service, the U. S. Office of Indian Affairs and the U. S. Office of Education.

Its consultants **visited every state in the Union**, studying distribution of the use and value of federal assistance to states and cities for venereal disease control.

With Association aid the **Staten Island (N. Y. C.) Syphilis and Gonorrhea Case-finding Project** was completed.

The medical staff **visited 19 hospitals on 17 Indian reservations** for inspection and staff instruction.

The Association continued its support of significant research and urgent basic medical problems of syphilis and gonorrhea.

**Lectures and institutes** were conducted in cooperation with medical societies, for medical students and nurses, including 3 institutes for doctors and nurses of the U. S. Indian Service.

The Association received thousands of letters from **distressed people believing themselves infected with syphilis or gonorrhea**. Their questions were answered, misconceptions corrected, reassurance given, and each was carefully directed to recognized sources of diagnosis and treatment near home.

The Association's public health and technical medical consultants were continuously available to **industries, doctors and medical institutions**.



At its great meeting in Washington, February 1, 1939, the Association awarded to **Surgeon General Thomas Parran** its **William Freeman Snow medal**, recognizing him as "outstanding today among our trusted counselors in medicine and public health throughout the world."

### Moving Forward in Sex Education

The **National Education Committee** of the Association enlarged its membership to 200 leaders in education.

Jointly with the U. S. Public Health Service the Association undertook to evaluate health education in typical schools and colleges and public health information services of health departments,—in their special relation to the venereal disease program.

In cooperation with the National Tuberculosis Association the American Social Hygiene Association continued the **Negro Health Project** by teaching health and health methods to potential Negro leaders in **300 Negro colleges**.

A nation-wide series of round tables was inaugurated to discuss "**Next Steps in Sex Education.**"

The Association began an examination and evaluation of **current teachings in high school biology** as a medium for sex education and training for family life.

The educational staff of the Association, together with settlement house leaders, started writing a much-needed **Sex Education Handbook for Group Leaders**.

### Paying the Bill

Though \$161,706.21 was expended upon the work of the Association and its committees in 1939 in addition to expenditures for cooperative projects, the voluntary program to "reach the millions" would have met more demands and accepted more opportunities if financial support had been greater.

Calls upon the Association for **service far exceeded financial ability** to meet every request. Encouragingly, however, every month in 1939 showed **more contributors** than the corresponding month of 1938, with an **increase of 37 per cent in numbers of givers** for the year. This gain in numbers of contributors must continue at an even greater rate if the Associations' budget requirements of \$220,000 for 1940 are to be met.

The New York Times on October 14, 1939 published this editorial statement:

"We have made no more than an energetic beginning in a war that should enlist the sympathy and active cooperation of every community. The fund of \$500,000 that the American Social Hygiene Association is now raising to carry out its program seems small in the face of the immensity of the task still to be done. But, small or large, it is a fund to which every citizen should contribute as a medical and civic duty."

## ANNOUNCEMENTS

**Last Month.**—Industrialists and health workers joined in praise of the *February JOURNAL, Industrial Number*. . . . If you need evidence of the good results achieved by industrial cooperation in the campaign against syphilis, here is powerful testimony. . . . We have reprints of the most of the articles. . . . Dr. Wilzbach's story of Cincinnati's fine industrial plan is Pub. A-261. . . . Dr. Theodore Rosenthal's *Syphilis in Industry*, relating especially to New York City, is Pub. A-262. . . . *Negro Insurance Companies and Syphilis Control*, by W. G. Tyson, is A-263. . . . *These are 10 cents each, free to Association members. . . . The whole number is 35 cents as usual.*

**This Month.**—The Editors wish it were possible to include in this *Anniversary Number* a complete account of all the meetings held on *Fourth National Social Hygiene Day*. . . . Lacking space for such an epic tale, we give you here the high points of one meeting and a brief glimpse via camera of another (see center insert) with the hope that these reflect to some degree the high enthusiasm and glowing interest of these occasions. . . . As well as the appreciation of the national staff for the hospitality shown by the State and community groups in the Chicago and New York meetings.

**Next Month.**—Eleanor Shenehon, Director of the *Social Hygiene Day Service*, will tell us more of nation-wide events on February 1 and after. . . . We shall publish also others of the papers given at the Regional Conference at Chicago, especially those relating to the fight against quackery and self-treatment of syphilis and gonorrhea. . . . Among them: *Popular Health Education—Has it Succeeded?* by Dr. Walter Clarke. . . . *A Survey of Quackery and other Illegal and Unethical Practices* by Bascom Johnson. . . . *Charlatanism in Relation to Syphilis and Gonorrhea*, by Dr. Paul Barton. . . . *How Can the Cooperation of the Pharmacist be Obtained?* by A. G. Dumez. This number will be a good gift for your neighborhood pharmacist. *35 cents, postpaid.*

**A Year-Round Number.**—We're speaking again of the January issue of the *JOURNAL*—the *Social Hygiene Day Number*. . . . on the off chance that some of our friends may not have discovered what a splendid compendium of social hygiene facts and fundamentals is here provided. . . . These articles were built to last: *The Quack: Side-Partner of Syphilis*. . . . *Prostitution and Quackery in Relation to Syphilis Control*. . . . *Next Steps in Stamping Out Congenital Syphilis*. . . . *Your Club's Social*

*Hygiene Day Program*. . . . *The Pharmacist's Role in Combatting Syphilis*. . . . *Getting Started on a Youth Social Hygiene Program*. . . . all these sustain the *JOURNAL* policy of choosing contents "for current interest and permanent reference value". . . . *Remember the special price on this number . . . 15 cents, or 2 copies for 25 cents.*

**Our Branch Offices.**—They are for your greater convenience in securing information and materials. . . . Please note addresses on inside front cover and if you are in or near Chicago, New Orleans, San Francisco or Washington, make use of these facilities. . . . Our Field Secretaries will be glad to have you call or to hear from you by mail.

**Books for Young People.**—Two good new ones are *Love at the Threshold*, by Frances Bruce Strain, (349 pages, \$2.25) and *A Girl Grows Up*, by Ruth Fedder, (235 pages, \$1.75). . . . Another soon to appear is *Daughters and Mothers*, by Valeria H. Parker. Bobbs-Merrill will publish this one early in June, and the price will probably be \$1.50.

**And About Young People.**—*Girls on City Streets*, by Jacob A. and Rosamond W. Goldberg, has gone into a second edition, just off the press. Price \$2.50. . . . Ten per cent discount to *Association members on any of these, you remember.*

**Social Hygiene Book-of-the Month.**—Listed in the March *Book-of-the-Month Club News*, on the gracious recommendation of Mrs. Dorothy Canfield Fisher, was the new edition of the Association's tried and true introduction to sex education, *The Way Life Begins*, by Bertha C. and Vernon M. Cady. Ask for the new illustrated folder describing this attractive and useful book for parents, teachers and young people. . . . *The cloth edition is \$1.50. In heavy paper cover, 50 cents. Postpaid, of course.*

### Personal and Confidential

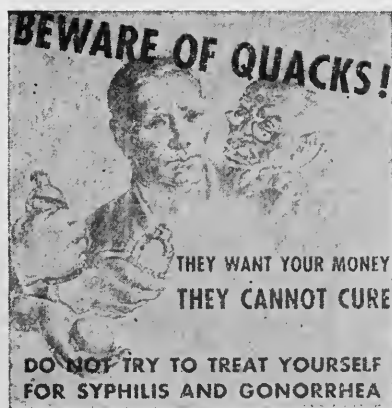
DEAR A.S.H.A. MEMBER:

Thanks for your help in making such a fine showing in our Annual Report. Eighty-five hundred and seventeen paid members is an all-time high, the *Spotlight* flashes. Your membership dues NOW will give 1940 a chance to better even that record!

THE MEMBERSHIP COMMITTEE

# Journal of Social Hygiene

A Special Number  
on Quackery and Self-Treatment



*A "Patient Education" poster from the series of eight published by the American Social Hygiene Association for clinics, dispensaries and waiting-rooms*

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Fifth National Social Hygiene Day  
February 5, 1941

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

## THE AMERICAN SOCIAL HYGIENE ASSOCIATION

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# Fighting Another Plague

COUNTLESS AMERICANS TODAY have enlisted in the fight against a great plague—syphilis. They have learned that syphilis can be *cured* and syphilis in the newborn *prevented*—by prompt, proper treatment.

► Thanks to this national awakening, *two and one half times* as many cases were reported for treatment in 1938 as in 1928, according to information from the U. S. Public Health Service and private physicians all over the country!

And more Americans now than ever before realize that, while syphilis may be acquired innocently, no one need remain in doubt as to whether he or she has syphilis. They have learned that a thorough medical check up, including blood test and microscopic examination, reveals the truth to the skilled physician.

► So in 1938, *five times* as many blood tests for syphilis were made as in 1930!

Every thoughtful citizen, naturally interested in stamping out this menace, should know and help to make known the following cardinal principles concerning syphilis.

1. Prompt recognition of the disease is vital.
2. There is as yet no practical short-cut treatment.

Self-treatment, non-professional treatment, quack remedies are worse than useless. The guidance of a reputable physician is the first dependable step

toward real cure. Proper treatment consists of a systematic series of injections given by a competent doctor over a period of *many weeks*.

In progressive communities throughout the country, examinations, blood tests, and treatments are being made available to those unable to pay for private care. Names of doctors and locations of public health centers and clinics offering these services are readily supplied by local health departments or county medical societies.

► So that you may better understand the syphilis problem, let us give you additional information about this disease. For free Metropolitan booklet, "The Great Imitator," write to Dept. 240-H.

\* \* \*

*February 1st Is Social Hygiene Day:* American Social Hygiene Association Headquarters, 50 W. 50th St., N. Y. C., will gladly send you literature and full particulars.

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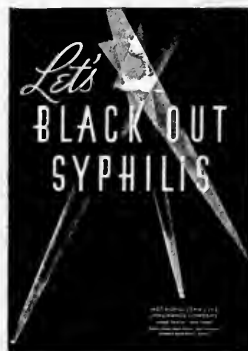
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### A GREAT INSURANCE COMPANY CAMPAIGNS AGAINST SYPHILIS

advertisement, appearing in the January magazines, was the sixth syphilis to be published by the Metropolitan in its monthly Reprint distribution was 11,700 copies. Of the new leaflet *Black Out Syphilis* nearly half a million copies were distributed the month of February, plus 37,000 copies of the larger *The Great Imitator*.



## DR. EHRLICH'S MAGIC BULLET



MR. ROBINSON AS DR. EHRLICH, WHOSE PHOTOGRAPH IS AT THE UPPER RIGHT

Seldom has motion-picture critic praise been as hearty and as unanimous for any production as for this latest historical film produced by Warner Brothers, in which Edward G. Robinson, well known actor, portrays the role of Dr. Paul Ehrlich, famed scientist who discovered salvarsan.

Howard Barnes of the *New York Herald Tribune* hails the *Bullet* as "the most dramatic and moving medical film I have ever seen." Frank S. Nugent, of the *New York Times*, feels that new and more expressive phrases than "great" and "a perfect job" are needed to do justice to this production. Jimmie Fidler, widely syndicated critic of films and film actors, writes, "A carillon of praise this morning to Warner Brothers for courage displayed in producing *Dr. Ehrlich's Magic Bullet*."

*Life* and other picture magazines devoted full-page spreads to scenes from the film. News and feature stories and frequent editorials have been equally favorable. Following a presentation before official Washington and a later showing at the White House before a specially invited group of Congressmen and their wives, Mrs. Roosevelt devoted half her column "My Day" to discussion of the picture's splendid delineation of the scientific spirit "which insists on knowing all the facts."

Courage in dealing with a subject hitherto almost entirely banned from the commercial screen is what has stirred the warmest admiration of critics and public. "There is nothing in *Dr. Ehrlich's Magic Bullet* to offend anyone who sees the beauty of truth," declares another critic. *Time* magazine devotes nearly two columns of enthusiasm to the picture. "A milestone in movie-making" with Edward G. Robinson giving "a modulated and understanding performance" or "a perfect delineation"—such are the laudatory phrases which have rolled out of newspaper presses in every city where the picture has been shown.

Through his work in the *Magic Bullet* Mr. Robinson has become much interested in the current campaign against syphilis, and has become a member of the Association's National Anti-Syphilis Committee. Recently he wrote Dr. Snow—"It is high time that we recognize the problem which social diseases as a whole present. Your undertaking merits every support. . . . Accept my best wishes for every success in the humanitarian task which your Association has undertaken, for the good health and well-being of America." Warner Brothers, producers of the film said: "Our recent efforts . . . have made us very much aware of the amount of good that is being done by the American Social Hygiene Association. We are proud of the fact that the *Magic Bullet* may, in some small way, help you in your admirable task."

Opening at the Strand Theatre in Times Square, New York, on February 23rd, the *Magic Bullet* played to an audience of 140,000 in its first two weeks. Warner Brothers states that the film will play approximately 10,000 theatres in 7,500 cities in the United States.

Following suggestions in the March *Social Hygiene News*, and by correspondence, we learn that the Association's members and society affiliates and other health agencies are finding this fine film a useful means of drawing attention to their own efforts and interest in the campaign against syphilis. In several states, notably Rhode Island, where the film is playing, state or local health agencies have arranged with their neighborhood theatres to have the Association's short film on syphilis, *With These Weapons*, shown as a trailer for the *Magic Bullet*. Don't fail to take advantage of this opportunity in your community.

# Journal of Social Hygiene

VOL. 26

APRIL, 1940

NO. 4

## A Special Number on Quackery and Self-Treatment

### PUBLIC HEALTH EDUCATION—HAS IT SUCCEEDED? \*

WALTER CLARKE, M.D.

*Executive Director, American Social Hygiene Association*



DR. CLARKE

The general theme of this conference obviously includes in its scope the practical aspects of health education as applied to syphilis and gonorrhea. It might be supposed that, with the enormous volume of publicity in the last few years regarding these diseases, everyone in this country would know the main facts and what to do if infected or suspecting infection. And the many thousands of columns of newspaper publicity, the hundreds of radio addresses, the articles in nearly every popular magazine, the meetings in every state and almost every city and village—has all of this unprecedented wave of popular information succeeded in such a practical objective as that of directing infected people away from quacks and self-treatment and into the hands of physicians?

To learn what had happened in this respect during the last few years the American Social Hygiene Association made a

\* A paper delivered at the Regional Conference on Social Hygiene, Chicago, February 1, 1940.

study to compare the situation in 1939 with that existing in 1932, when a similar quack and self-treatment study was made. It is dismaying to be obliged to report that the situation seems worse rather than better than in 1932 so far as improper treatment is concerned.

Perhaps there will always be some gullible people who are buying magic cures as well as wooden nutmegs and gold bricks. "You can fool some of the people all of the time" is as true now as it was when these words were uttered by Lincoln. But one does not expect to find more people doing the wrong thing about syphilis and gonorrhea *after* a deluge of publicity than before that deluge.

Such a startling discovery may well cause us to examine all the weapons directed against illegal and unethical diagnosis and treatment of syphilis and gonorrhea. One of those weapons is popular education.

Publicity is of course one of the means of health education and doubtless one of the most important avenues for reaching the general public; but there is evidently a difference between publicity and popular education. If we take the problem apart we can say, without being ultra-scientific, that the aims of health education regarding syphilis and gonorrhea are as follows: Health education should make people conscious of the problem—gain their attention. It should make them know what to do about infection if it exists or is suspected. Lastly, it should create a rational, scientific attitude toward infection in others. Perhaps one might add that good health education will never resort to bizarre methods or to exaggeration lest the public find such efforts either ludicrous or boring.

If we examine what has been done in this country under these six headings, we find in spite of all the fine effort put forth that much remains yet to be accomplished. No exhaustive study in this field has been made and perhaps it is not practicable to undertake such a study. The results would probably be inconclusive. There are, however, a number of indications and important scraps of evidence which I would like to present for your consideration.



(1) *We may ask first, "Are people conscious of the problem of syphilis?"* In the argot of today the answer is "I'll say they are." At last nearly every adult has heard about syphilis. They know it is bad and they are against it. Not in the memory of anyone with whom I have talked, has there ever been such a dramatic and spectacular, widespread wave of popular interest and publicity regarding a health problem. Public interest is shown in numerous ways, such as demand for state legislation, overwhelming support of federal legislation to supply funds for fighting syphilis and gonorrhea, the great success of National Social Hygiene Day and numerous other indications.

This consciousness of the problem is reflected in demands for more information about syphilis and gonorrhea. These demands have come to many agencies including the American Social Hygiene Association. An analysis of 1,000 questions in 701 letters received by the Association's confidential medical advisory service showed that letters came from every state in the Union and from several foreign countries. The volume of letters is roughly in proportion to the population of the states. They came from all sorts of people but mainly from the poor and the semi-literate. More women and girls than men and boys asked for information, in the ratio of 56 females to 44 males. All sorts of questions are asked but nearly half (48 per cent) ask for general information regarding syphilis and gonorrhea, the cause of these diseases, how they spread, and what to do about them.

Hundreds of requests for more facts come after every widespread effort to teach the public the necessary truths, but most after articles or stories in magazines which are read most widely by people whose formal educational level is not very high. There is no doubt that the public is conscious of the problems of syphilis and gonorrhea but they want much more information.

(2) *Health education should teach people how to avoid or prevent infection.* The public has only vague ideas about the communicability of syphilis and gonorrhea. On the whole, people have an exaggerated notion of the contagiousness of these diseases. They often fear doorknobs, hand-shaking, and food and drink as transmitters of infection. We have many letters asking about such matters.

The task of *correcting misinformation* regarding the communicability of syphilis and gonorrhea appears to be almost as great as that of teaching the few simple facts about their communicability. I know of school teachers who, with the mistaken idea that congenital syphilis is highly contagious, have placed congenitally syphilitic children off by themselves in a corner of the room, much as lepers used to be kept outside the walls of ancient cities. I know of a family that does not let anyone shake hands with the grandfather who has *tabes dorsalis*. I know of a lady who uses a handkerchief to cover the doorknob before opening a door in a public place. To avoid hysteria and unnecessary mental suffering as well as to prevent the spread of infection, the public badly needs to know the quite simple facts about syphilis and gonorrhea as communicable diseases. Instruction is very far from adequate on this subject.

(3) Let us go on to the next point. *Health education should teach people to suspect infection.* A most important medical decision is one which laymen themselves must make, that is, when to seek the advice of a physician. This is an especially difficult decision in many cases of existent or suspected syphilis or gonorrhea.

In order to suspect infection, a person needs to know what symptoms *and what contacts* should cause a suspicion to arise. Both of these points are important. The public ought to be alert to take all suspicious sores and rashes to a physician for diagnosis. In a study which I recently completed of 15,090 syphilis case histories, I found that only 3 per cent of the patients having chancres presented these lesions to a physician for diagnosis within 10 days after the patient himself or herself had noticed the sore. Fifty-nine per cent of these lesions remained undiagnosed for more than 30 days after the sore had first been noticed. Seven per cent, afterwards diagnosed as chancres, were neglected for more than 100 days after first being noticed by the infected person. Not only were these patients losing the best opportunity for treatment, but they were also gravely endangering their intimate contacts.

It is difficult, perhaps impossible, to teach the public to recognize all the symptoms of syphilis. Indeed, some are so slight as to escape notice. Some are misleading in appearance. Some are hidden away out of sight. Although the cervix is believed to be the commonest site of infection in the female, it is usually overlooked by the patient and often by the physician. I know of no educational process by which women can be taught to suspect chancre of the cervix. Extragenital lesions of syphilis constituted about 6 per cent in my study above-mentioned, but it is well known that they often pass unrecognized for what they actually are.

These observations serve to emphasize the importance of teaching the public what kinds of symptoms with what intimate contacts are open to special suspicion. They are in a word, *all illicit sex and other intimate contacts*. Such should be followed by a competent medical and laboratory examination.

Probably one-half of all the cases of syphilis diagnosed are found in the course of various routine examinations. The periodical medical examination, premarital and prenatal examinations, insurance, industrial and student examinations are valuable especially if they include a serological test. They should be strongly encouraged by educational methods, for they lead to the discovery of many hidden, unsuspected cases.

On this subject only a beginning has been made by educational methods. Most of the job of teaching the public when to suspect infection lies ahead, with the public asking that the task be promptly and efficiently dealt with.

(4) *Health education should teach people what to do about infection or suspected infection with syphilis or gonorrhea.* How well have we done this job?

I have already referred to the study of quackery and self-treatment which will be presented later today. It shows that health education has not ended self-treatment or the exploitation of both the sick and the well by quacks.

Among the 1,000 "medical advisor" questions mentioned above, 25.1 per cent asked that the writer be referred to a physician or a clinic or other sources of treatment. In these letters, some people ask that a bottle of medicine be sent them or that they be told what remedy to buy at the drugstore. The two commonest questions in this group, however, were, "Please recommend a good doctor in my town," and "Please tell me where to obtain free treatment."

These letters, our personal consultation services, and the experience of our investigators convinced me that one of the greatest needs is to tell people exactly how to find competent medical care. The popular educational material that has been issued by health departments to date very often fails to explain precisely how to go about finding a doctor or a clinic. As a matter of fact, many health departments have no established mechanism to aid people in finding a physician. Our experience, both in New York City and nationally, indicates that it is desirable for health authorities to cooperate with medical societies in establishing lists of doctors who are willing to diagnose and treat syphilis and gonorrhea. The public should be informed that they may inquire by telephone, by letter or by personal visit if they are in need of medical examination or treatment for syphilis or gonorrhea. This service should be frequently advertised, giving phone numbers and street addresses and room numbers so that even an ignorant or confused person could use the service without difficulty and without embarrassment. Hospitals, medical societies and health departments have a real opportunity in this particular phase of educational work.

Why should people in cities a thousand, or two thousand miles from New York write to the Association to learn the addresses of doctors or clinics in the very towns in which these inquirers reside? There are several reasons. They do not know where, locally, to inquire, especially as they hesitate to speak of syphilis or gonorrhea to strange people and perhaps are even less willing to mention their problems to friends. They do not know how to tell a good doctor or clinic from one of the unethical and unscrupulous sort, of which there are, unfortunately, too many. They think that a national agency would know how to discriminate and would surely be able to help them. Being mostly poor people, they hope that the Association can tell them a source of *free* treatment and so save them the embarrassment of exposing their poverty as well as their infection by long series of inquiries. From Jacksonville, Los Angeles or other city to New York and back, is sometimes the shortest way to a doctor or clinic in Jacksonville, Los Angeles or other city, especially if that city does not have a well advertised medical advisory service which aids infected people to find medical care.

Two fears stop many people, especially of the so-called "white collar class," from seeking competent diagnosis and treatment. They

fear to go into a busy clinic, full of strange people and nurses and doctors in white, and speak the words, "I have syphilis and want treatment." The first visit to a clinic requires real courage on the part of a sensitive person. Secondly, they fear that a private physician may charge an extravagant fee for his services. Many people have no idea as to what constitutes a reasonable fee for diagnosis and treatment. A frequent letter reads somewhat as follows: "I earn \$25.00 a week. Please give me the name of a doctor whose fees are moderate."

It is my impression also that typical health department literature lays far too much stress on clinics and not enough on private physicians. They give the addresses of clinics but do not say how to find a private physician who is willing to take care of a case of syphilis or gonorrhea. This is especially important for *employed* sufferers, most of whom want to pay their own way, do not wish to "chisel" at clinics, but do not know how to find physicians whose fees they can pay.

Of my thousand questions, 9.5 per cent asked about blood tests and other diagnostic aids or procedures, and 17.2 per cent asked about methods of treatment. This is also a frequent subject of private consultation at the Association's offices. Many of these inquirers are already under medical care and call or write to ask whether the medical service they are receiving is correct and appropriate. One man, who has never given me his name, phones me once a month to report what his doctor has done and to ask me for my opinion. Fortunately for me, this man's doctor apparently knows syphilis!

Health education, I think, has failed to a serious degree in helping people to find honest, competent medical care. Why be surprised then if a public, conscious of the problem of syphilis but ignorant of the proper methods of diagnosis and treatment and of how to find a physician, turns to the most conspicuous but least reliable source of attention—the advertising quack and the advertised self-treatment remedies. Here is a real and urgent practical task to be tackled at once as a part of our effort to rid this country of quackery and self-treatment.

(5) *Health education should help to motivate conduct in the directions indicated above—to avoid infection, to seek early diagnosis, and treatment if infected.* The various motives of fear and desire for self preservation, and of love of present or future husband, wife or children, are those which can be counted upon to affect conduct. In the use of them, one should stick always to the simple hopeful truth.

Too much popular literature on syphilis and gonorrhea is merely interesting information. It fails to indicate a specific line of conduct and to urge people along that line. It fails to "close the sale." The reader gets the idea that syphilis is bad and that lots of people have it, but he fails to gain the impression "This means you."

(6) *The hardest thing to do, the aim that will take longest to accomplish, is to create in other people a rational and scientific, and therefore a sympathetic attitude toward sufferers from syphilis and gonorrhea.* The prejudice against these diseases has existed for centuries and is very deep-seated. It existed and still exists because of lack of knowledge of these infections. No one who really knows syphilis or gonorrhea entertains a prejudice against an infected person nor shrinks from such an unfortunate one. Any one in this room would calmly and publicly admit that he or she had once had measles or pneumonia. But if someone here were to stand and say, "I have syphilis" or "I have gonorrhea," it would cause a sensation! Well, we cannot quickly change that and I do not suggest that such a lack of reticence is desirable, but we must overcome the ancient, false idea that syphilis and gonorrhea are essentially evidence of depravity.

Through the thousands of letters and the thousands of consultations run a few common cries for help. They reflect the similarity of human problems involved in disease or fear of disease. Most of these letters represent a tragedy in the life of one or more people. I will read only one letter because it epitomizes one of the problems I have just been discussing—that is, the attitude of friends and families toward syphilis. The letter is brief and poignant.

Dear Sir:

Will you please send me any information about syphilis you may have. I have been taking treatment 8 months of neo and bismuth. I didn't know about it until I became pregnant. My husband left me and is getting a divorce. I have lost a lot of friends because they look at me as if I had a plague. I've lost all hope of getting well and it doesn't seem any use to go on. I am 22 years old.

I would appreciate any help you can give me.

Very sincerely

.....

## CONCLUSION

Six criteria of successful health education dealing with syphilis and gonorrhea have been cited. Reference has been made especially to the evidence provided by our recent and more remote studies of quackery and self-treatment; a summary of a study of 1,000 questions from letters received by our confidential medical advisory service, is given; I have referred to our consultations and have cited some of the facts brought out in a study of 15,090 syphilis case histories.

It is my opinion that we have made good progress on the first criteria of successful health education, that is, we have made the public conscious of the problem of syphilis. As to the other five, we have made only a beginning. *Popular health education regarding syphilis and gonorrhea must be more widespread, must reach more elementary educational levels, must be most explicit, and must aim to establish the point of view that syphilis and gonorrhea are communicable diseases, personal disasters, but not in themselves marks of dishonor.*

# ILLEGAL AND UNETHICAL PRACTICES IN THE DIAGNOSIS AND TREATMENT OF SYPHILIS AND GONORRHEA \*

MARY S. EDWARDS

*Statistician*

and

PAUL M. KINSIE

*Chief of Field Study, American Social Hygiene Association*

*Editor's Note:* This article, which appeared originally in *Venereal Disease Information*, January, 1940, is reprinted here as representing Mr. Bascom Johnson's report, as director of the survey on quackery and other practices here described.



MR. JOHNSON

It is many years since the campaign against so-called venereal diseases began in this country, perhaps three years since an intensive attack under combined forces of government and voluntary groups commenced to wage against the most dangerous of them—syphilis. From a public health viewpoint the aims of the campaign have been threefold—find syphilis, treat it, prevent it. This program was assumed to apply also to gonorrhea. On the one hand scientific weapons against the diseases had been improved and made available to the public through the private medical profession and through public provision of diagnosis and treatment for those who need it. On the other hand, intensive effort had been and still continues to be directed toward finding cases and getting them under treatment. Largely, this latter task has of necessity been accomplished by public education—newspapers, the radio, pamphlets and books, lectures, the theatre, and all other means available. The exposed person, the infected person, had to be taught the facts concerning

\* A report presented at the Regional Conference on Social Hygiene, Chicago, February 1, 1940.

the venereal diseases and what to do about them with sufficient urgency so that he might be counted on to protect himself and the public by following the right course of action.

In the early part of this century and later, ignorance and credulity of the public were blamed for the flourishing of venereal disease charlatanism. Much was done about it. Laws were passed; local and State, official and voluntary cooperation in enforcement succeeded in ridding the country of much dangerous-pseudomedical activity. Like any racket, however, venereal disease charlatanism was suppressed in one spot only to spring up in new dress, perhaps, in another spot. In the meantime intensive and increasing public education, it was thought, had reached a point where ignorance and credulity might be expected to be approaching a vanishing point.

With this past experience as a guide a survey was undertaken in 1939, under joint cooperation of the United States Public Health Service and the American Social Hygiene Association, to evaluate the present situation in regard to the extent and whereabouts of illegal and unethical practices in venereal disease diagnosis and treatment and to find out how far public education has taught the man in the street what to do if he is infected or if he suspects infection with one or the other of these diseases. A part of the study related to drugstore prescribing. There is a definite distinction between legitimate and quack practices in pharmacy just as there is in medicine. When unethical practices over the drug counter are referred to, it must not be forgotten that these are not countenanced and indeed are actively combated by the organized pharmaceutical profession.

#### THE QUACK DRUGGIST AND VENEREAL DISEASES

The first part of the survey concerned drugstore counter-prescribing. In the winter of 1938-39 an inquiry was undertaken to find out the extent and nature of drugstore practices in relation to venereal diseases. Thirty-five cities were visited in 26 States.\*

#### METHOD OF STUDY

An experienced investigator upon first arriving in one of the 35 cities made a quick survey of neighborhood areas and estimated the

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\* Alabama: Mobile and Montgomery. California: Los Angeles and San Francisco. Colorado: Denver. Connecticut: New London. Florida: Pensacola. Georgia: Atlanta. Indiana: Gary and Indianapolis. Louisiana: New Orleans. Maryland: Baltimore. Maine: Portland. Massachusetts: Springfield. Minnesota: Minneapolis, St. Paul, and Duluth. Mississippi: Gulfport. Missouri: St. Louis and Kansas City. Nebraska: Omaha. Ohio: Cleveland. Oklahoma: Oklahoma City. Oregon: Portland. Pennsylvania: Erie, Pittsburgh, and Philadelphia. Rhode Island: Providence. Tennessee: Memphis. Texas: El Paso and Houston. Utah: Salt Lake City. Virginia: Norfolk. Washington: Seattle. Wisconsin: Milwaukee.

number of drugstores in the city with the aid of the classified telephone book. Since the drugstore inquiry was made in connection with other survey work, it was possible to cover a very wide territory in the United States at very small expense. Then, posing as a prospective customer, the investigator personally visited 10 per cent or more of all the drugstores in the community. These 10 per cent were roughly distributed among three types of neighborhoods—residential, slum or lowest economic dwelling area, and midtown or business section. In all, 1,151 drugstores were approached—282 residential, 431 slum, and 438 midtown.

The investigator's contact with the individual druggist was made somewhat as follows, with occasional variations to suit the circumstances: "I don't know if you can help me or not. . . . I happen to have a young man assisting me on the road. . . . He tells me that he gets a burning sensation while urinating . . . and he says he has a sort of continual discharge. . . ." At this point the druggist, in a majority of cases, was immediately willing to diagnose the case as gonorrhea. If he did so, the investigator went on to say, "In addition, he has a sort of crusty sore. . . ." For this supposed ailment (conceivably a syphilitic chancre in an actual case) the druggist frequently said, "I can give you an ointment which will fix it up."

The request was made by the investigator on behalf of a third person to prevent the druggist suggesting that the supposed customer "come behind the counter" for an examination, also to show on what flimsy excuses some druggists are willing to recommend remedies for the treatment of what seem to be venereal diseases.

#### EXTENT OF COUNTER-PRESCRIBING

Tabulation of results of interviews in the 1,151 drugstores visited showed that 62 per cent diagnosed the disease and offered to sell remedies for alleged syphilis or gonorrhea, especially the latter, and 31 per cent did not attempt to diagnose the case but stocked and were willing to sell bottled remedies, especially when asked for them by name. It should be added in relation to the latter group that fully half the number at the same time urged the customer to see a doctor instead of attempting self-treatment. Only 7 per cent of the whole number refused to diagnose the disease or sell remedies (chart 1). This small number of druggists almost always took the trouble to warn the customer and give him a short lecture on the dangers of venereal diseases. Most of the large national chain drug systems sell the better known nostrums, but on request only.

The district manager, as well as several store managers of one company said, "We have specific instructions along that line from our home office—One is as good as the other . . . the safest and surest way is to go to a doctor."

By neighborhoods the record is not much better. In residential areas 50 per cent of the managers of the drugstores visited diagnosed the disease and offered to sell remedies, and in the slum areas 77 per cent of them were guilty of such practices. In the business section 55 per cent of them were counter-prescribing.



## PREPARATIONS COMMONLY SOLD

A list of about 30 preparations frequently recommended for sale was made in the course of the study. Of these, three or four, such as neoprontosil and sulfanilamide, are recognized drugs. Of the latter, the Food and Drug Administration has this to say: "It is the consensus of qualified experts that sulfanilamide is a valuable aid in the treatment of several serious disease conditions when the dosage is properly adjusted to the requirement of the individual patient and frequency of dosage and duration of treatment are intelligently and expertly directed. It is further the consensus of such experts that, when used under other conditions, it is a dangerous drug, capable of

CHART 1

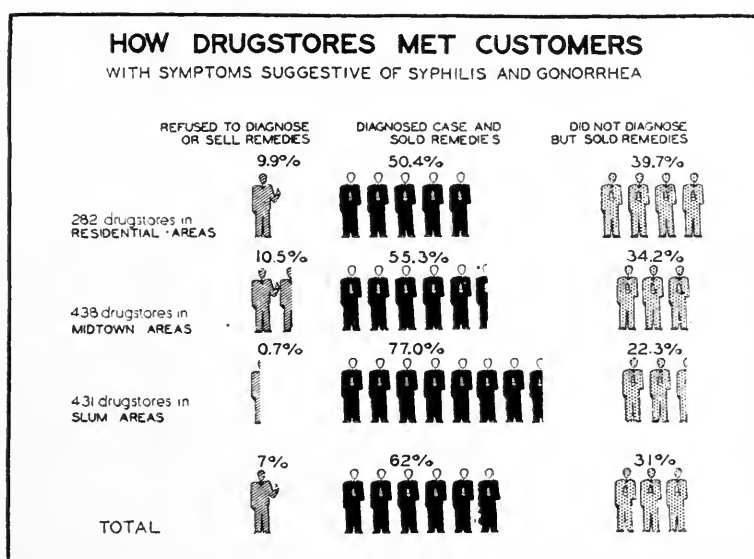


Chart by American Social Hygiene Association

causing serious injury and even death." Concerning some other preparations, such as *Big G.*, *Knoxit*, *S. O. S.*, and *Double O*, the Bureau of Investigation of the American Medical Association says:

**Big G** (Evans Chemical Co., Cincinnati, Ohio)—We consider this to be a typical nostrum for gonorrhea. The Government has brought over 40 cases against *Big G* and won every case. In one of these cases (Notice of Judgment No. 7210), the Federal chemists showed that it consisted essentially of a watery solution of boric acid and berberin. (Price \$1.15.)

**Knoxit** (Beggs Manufacturing Co., Chicago)—This has likewise been the subject of many Notices of Judgment. One of these (No. 11903) stated that the Bureau of Chemistry's analysis showed that the product consisted essentially of copaiba, santal and cassia oils, and a small quantity of sulfonated oil. (Price \$1.10.)

**S. O. S.** (S. Pfeiffer Manufacturing Co., St. Louis)—This has also been the subject of a Notice of Judgment, in which it is noted that the Bureau of Chemistry reported that the product consisted of an injection and gelatin

pearls for internal use. The injection was essentially a water-solution containing thymol, zinc and magnesium sulfates, and glycerin. The pearls contained a mixture essentially of santal oil, copaiba balsam, oil of cinnamon, and a fixed oil. (Price \$1.25.)

**Double O Medicine** (Red Star Laboratories, Chicago)—This has been the subject of several Notices of Judgment. One of these (No. 15578) indicated that the analysis showed it to be a solution in alcohol and water of resins, such as those from buchu and copaiba, vegetable extractives, volatile oils, and sugar. (Price \$2.00.)

No instructions for use are contained in the *Big G* package, or on the bottle or package—nothing except the simple statement “painless when applied to inflamed or irritated mucous membrane.” The *Knoxit* package states “has been sold by leading druggists for more than 40 years with satisfactory results. Formula improved in accordance with modern scientific discoveries . . . For external use.” The *S. O. S.* “astringent solution” gives directions for injection three or four times a day, and a small syringe and a bag for pus discharge are contained in the box; the *S. O. S.* capsules are directed to be taken after meals and at bedtime. *Double O* is to be taken “internally three times a day after meals.” There is nothing about gonorrhea in the circular enclosed; however, the mixture is commonly recommended for treatment of this disease.

In *Nostrums and Quackery and Pseudo-Medicine*. (Vol. 3, 1936) the American Medical Association lists 66 additional “patent venereal remedies” all of which have had Notices of Judgment for false branding because of unjustified claims made.

The managers of drugstores variously claimed “our own preparation will do the trick” or “we sell lots of it” or “we never had a failure.” The manager of a large local chain store in the South recommended his company’s preparation maintaining: “It has been on the market for 40 years. . . . It’s a prescription of a famous doctor. . . . We never recommend or guarantee anything else.” He said further, “You can go to a doctor if you want to, but you’re just throwing your money away. . . . Here’s something to cure you. . . . \$3.00 complete. One bottle does the trick. You pay a doc \$3.00 a visit and he’ll keep you coming to him.”

It should be noted that, generally speaking, the managers of drugstores interviewed were more willing to prescribe for gonorrhea than syphilis. While syphilis is commonly recognized as a serious disease, gonorrhea is still treated lightly and often flippantly.

In many but not all States such counter-prescribing is illegal. A typical law on this subject is contained in Sec. 343q of the Public Health Law of New York which forbids any person other than a physician to treat or prescribe for a case of venereal disease, or dispense a drug, medicine, or remedy for the treatment of such a disease, except on prescription of a physician. The prescription shall be retained by the person dispensing such drug, medicine, or remedy. No copy of the prescription shall be made or delivered to any person. Prescription shall be filled but once.

## LEGAL RESTRICTIONS ON SALE OF SULFANILAMIDE

The Sanitary Code of New York City contains even more stringent prohibitions against selling or dispensing sulfanilamide without a prescription:

Amendment No. 280—1937.

Section 126a.—Sale of harmful drugs regulated.

1. No harmful drug as defined herein shall be sold at retail or dispensed to any person in the City of New York, except upon the written prescription of a duly licensed physician, dentist or veterinarian, and no pharmacist shall dispense any such drug without affixing to the container in which the drug is sold or dispensed, a label bearing the name and address of the pharmacist, the date compounded and the consecutive number of the prescription under which it is recorded in his prescription files, together with the name of the physician, dentist or veterinarian prescribing it, and the directions for the use of the drug by the patient as given upon said prescription of the physician, dentist or veterinarian.
3. For the purpose of this section the term "harmful drug" shall mean and include the following drugs, compounds, preparations or mixtures thereof: dinitrophenol, para-amino benzene sulfonamide (sulfanilamide), etc.
4. The provisions of this Section shall apply to any of the above mentioned drugs whatever may be the name under and by which the same may be called or known.

Sulfanilamide and drug preparations containing sulfanilamide or related compounds for indiscriminate use by the general public, in a manner which constitutes a serious danger to health, are, when found in interstate commerce, actionable, in the opinion of the Food and Drug Administration, under section 502(j) of the Federal Food, Drug, and Cosmetic Act, which section of the law is now in effect.

## COMPARISON, 1933 AND 1939

A similar survey of drugstore counter-prescribing was made by the American Social Hygiene Association in 1933. While the identical territory was not covered in every detail during the two surveys, the method of study was the same, and, as cross-sections of prevailing practices, the figures are considered comparable in a general way. In 1933, 51 per cent of the managers of drugstores interviewed were counter-prescribing; in 1939, 62 per cent. In 1933, 17.5 per cent did not diagnose but would sell remedies on request; in 1939, 31 per cent fell in this group. In 1933, 32 per cent refused to diagnose or sell remedies; in 1939, only 7 per cent (chart 2).

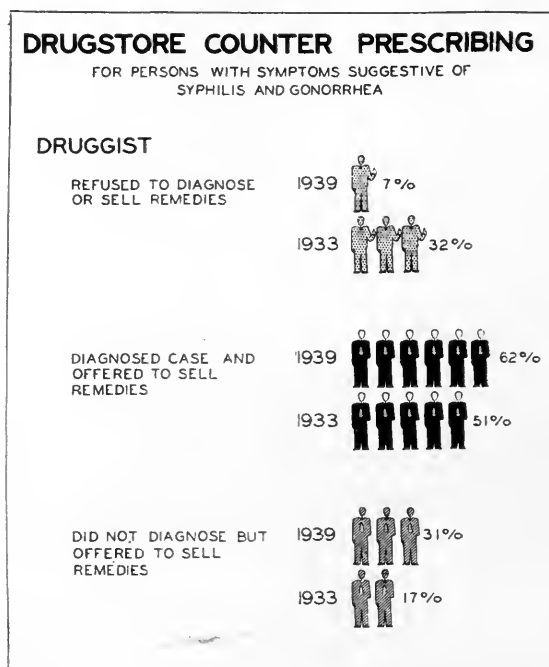
If the implications of these figures can be believed, many drugstores today are capitalizing on the increased interest of the public in all that has to do with syphilis. Exception should again be taken on behalf of the many druggists who are actively cooperating with the medical and public health authorities in the campaign against syphilis and gonococcal infections.

## EXTENT OF COUNTER-PRESCRIBING

As part of the 1933 survey, questionnaires were mailed to about 5,300 drugstores asking, "How many persons made application to you during the past month for remedies for treatment of syphilis, for treatment of gonorrhea?" With these figures as a basis it was estimated that 700,000 persons believing themselves to have syphilis, and

4,200,000 with possible gonorrhea, inquired at drugstores for remedies for these diseases. The summary of cases under treatment made by the United States Public Health Service in cooperation with the American Social Hygiene Association has shown that about one million persons with old and new cases of syphilis go to doctors for treatment each year for the first time, and that about 1,600,000 persons with gonorrhea also seek treatment for the first time. Many patients in the druggists' and physicians' groups are the same, since patients often shop back and forth. On the other hand it is obvious that there are countless infected persons getting improper advice who should be in qualified medical hands.

CHART 2



*Chart by American Social Hygiene Association*

### COUNTER-PRESCRIBING BY CITIES

Observations by cities are depicted in chart 3. It should be repeated that at least half of the druggists visited who "did not diagnose but sold remedies" warned the inquirer against self-treatment.

### MEN'S SPECIALISTS, HERBALISTS, AND OTHER MEDICAL QUACKS

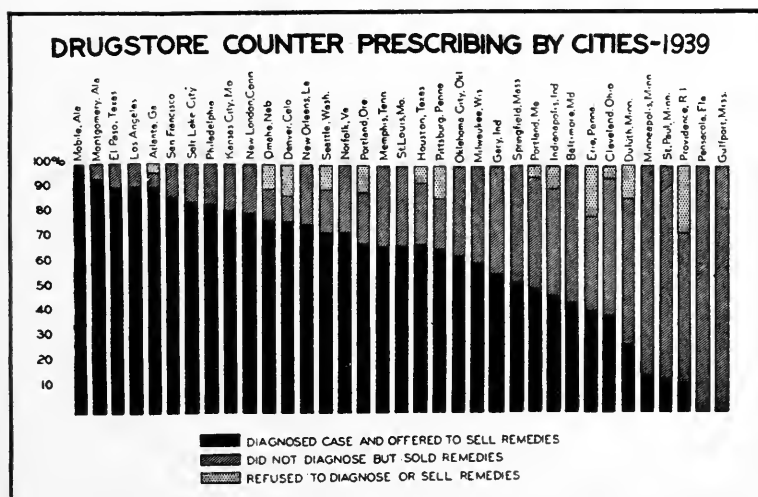
As a further check on unethical medical practices, local dailies, foreign language newspapers, periodicals and the Negro press were scanned for advertising of "men's specialists," suspicious promises of cures, and the like. Occasionally, handbills relating to venereal

disease cures were found in circulation on the street and placards and stickers advertising certain patent specifics were found in lavatories in hotels, poolrooms, and in the South in "juke joints" (cheap roadhouses).

In some cities several enterprising quacks have got themselves listed in the classified telephone directories. Under the "Clinic" classification their impressive advertisements doubtless succeed in attracting a large number of victims away from bona fide treatment agencies.

In 18 cities no advertising specialists were found in the time allotted to study. In 17 of the 35 cities, 44 advertising "men's specialists" were found, and 48 herbalists. All the former and 36 of the latter were personally visited by investigators posing as patients. It was the opinion of these observers that people today are not as gullible

CHART 3



*Chart by American Social Hygiene Association*

as in former years in regard to the extravagant claims of street guides or handbills. In their actual ignorance, however, they are in great numbers attracted into pretentious-looking offices equipped with all sorts of electrical devices in which a dignified staff offers free consultation service and X-ray diagnosis for \$1 to \$2. The patient's ailment, real or imaginary, seems of secondary importance. The substance of the first question is generally, "How much can you pay?" however guarded the language. Discreet inquiries are made relative to the patient's earnings, and tentatively a monthly fee is mentioned.

One quack in a western city said bluntly: "If I told you I'd cure you for \$300 could you pay it? Have you got that much? Could you

raise it? Well, why ask a foolish question? You say you make \$100 a month. You pay me \$30 each month and I'll tell you when I think you're cured."

### IS QUACKERY INCREASING?

Since quackery, like bootlegging, is an undercover racket, it is difficult to measure in volume. Statistical data are not available to indicate an actual trend in such activities over a period of years. It can only be stated as an opinion by the field observers that probably there is today less advertising of quacks and their remedies than there was 10 years ago, and that certainly medical advertising is less flagrant in quality. Reputable newspapers and magazines everywhere refuse advertising of this character. The bad side of the picture is that plenty of advertising does still appear in pulp magazines and news sheets which cater to ignorant and credulous persons, especially in those which cater to Negroes among whom venereal disease prevalence is known to be high. In many places vigilance and effective repressive measures of the authorities have driven out many illegal practitioners. In other places their activities persist in spite of official concern, no way having been found locally to collect evidence against them which would result in convictions. Sometimes nothing is done to curb them, and they flourish and prosper in considerable numbers.

### THE MAN IN THE STREET

In an effort to find out what the man in the street knows and thinks on the subject of treatment for syphilis and gonorrhea, 1,156 men in all walks of life were interviewed in the street, in parks, in pool-rooms, and in other places of casual contact. After a brief conversation relative to vice, gambling, and other related topics, each was asked, "Where do you suggest I go to get fixed up for a — (colloquial for venereal disease)?" Of these, 65.4 per cent advised a drugstore remedy or self-treatment, while 31.4 per cent said, "Go to a good doctor, or — clinic." The remainder, 3.2 per cent, did not know, or gave no advice (chart 4). It is interesting to see how this picture compared with a similar one for 1933, in which year 2,175 were similarly questioned. Of these, 57.3 per cent gave "bad advice" as just defined, and 40 per cent "good advice." As before, about 3 per cent ventured no opinion. This comparison between the two studies would seem to show, despite the intensified syphilis campaign of recent years, that a considerably smaller percentage gave good advice in 1939 than in 1933. Conversely, the man in the street seemed to know less in 1939 than in 1933 about where to go for diagnosis and treatment. Obviously a huge educational task yet remains to teach the general public not only the facts about syphilis and gonorrhea but also the necessity of seeking qualified medical care.

### MEDICINE BY MAIL

Advertising specialists and herbalists were not only visited personally but letters were written to them by an investigator posing as a patient with symptoms suggestive of syphilis or gonorrhea.

Such advertisements use very guarded wording, probably to avoid State laws against advertising venereal disease remedies, "men's diseases," or "lost manpower." The New York State law is typical of such legislation dealing with this problem.

**Article 106. Section 1142-a of the Penal Law.**—Prohibits publication, delivery, or distribution in any manner whatsoever, of advertisements concerning venereal diseases, and calling attention to a medicine, article or preparation that may be used therefor, or to a person or persons from whom, or an office or place at which information, treatment or advice relating to such disease may be obtained. Violation is a misdemeanor and upon con-

CHART 4

### WHAT DOES THE MAN ON THE STREET SAY

REPLIES TO QUESTIONS ASKED MEN ON THE STREET, IN POOLROOMS AND OTHER PLACES OF CASUAL CONTACT, AS TO WHAT TO DO FOR SYPHILIS OR GONORRHEA



A huge educational task yet remains to teach the man on the street, not only the facts about syphilis and gonorrhea, but also the necessity of seeking qualified medical care

*Chart by American Social Hygiene Association*

viction shall be punished by imprisonment of not more than 6 months, or by a fine of not less than Fifty Dollars (\$50.00) nor more than Five Hundred Dollars (\$500.00) or by both such fine and imprisonment. This prohibition shall not apply to didactic or scientific treatises which do not advertise any person or persons from whom, or any office or place at which, treatment or advice may be obtained, nor shall it apply to advertisements or notices of an incorporated hospital or dispensary or by health authorities.

**Article 166, Section 1747-a of the Penal Law.**—Prohibits the display or sale, or other disposal of appliances, drugs, or medicinal preparations intended or having special utility for the prevention of venereal diseases except in places duly registered by the State Board of Pharmacy.

The Oregon law (Sec. 59-706-Code 1930) prohibits also advertisements concerning "other disorders or habits pertaining to the sexual organs."

Since most State laws, like the New York statute, prohibit the mention of "venereal diseases," advertising generally avoids outright use of these words. The following ads clipped from newspapers of recent date are typical:

"Our wonderful Chinese Herbs Remedies for all chronic and acute ailments, stomach soreness or smarting and heart trouble, liver, lungs, kidney, bladder, prostate gland, headache, eyes, ears, throat, cold, hay fever, asthma, rheumatism, constipation, lumbago, hemorrhoids, piles, skin diseases; psoriasis, female trouble, tumors, high and low blood pressure . . ."

"Neglected diseases! of manhood and womanhood. If you are worried about your health, for safe and quick results come today for Free Consultation and discussion for your personal problems. Dr. ——— with his 20 years' practice in Europe and here has aided thousands who suffer ailments of BLOOD, SKIN, pimples, eruptions, etc. . . . Thorough examination with Medicine, Blood Tests, X-ray, all for \$2.00 . . ."

In the case of every medical advertisement answered by letter by an investigator a prompt reply was received offering a remedy at prices ranging from \$1 to \$15. Often a course of treatments was suggested covering a period of weeks at a much higher price. Usually, as said before, venereal diseases were not mentioned by name in the ads, indeed the emphasis was often on cures for quite different physical ills. However, the vendor always had available and offered for sale the perfect cure for whatever troubles seemed to ail the inquirer-victim.

The following letters and their replies show how avidly the quack presses his wares upon a likely customer. From some, four or five follow-up letters were received in due course of time.

#### I.—LETTER OF INQUIRY

Dear Doctor:

A friend of mine who worked in a hotel tell me about your clinic. He say you dear doctor fix him up from when he get bad disease from girl. I got a bad disease now from sportin girl and like to insure I get good job in big hotel. I go tomorrow and inquire for assistant job. Please let me know how much your medicine cost and how to take it. I go post office rite then and send money orders.

Yours truly ———

#### REPLY

Dear ———

Your letter just received and carefully noted. I infer from what you say that your trouble must be Gonorrhea. A burning and discharge from the canal. Are there any sores or ulcers?

The cost of medicine for one month for Gonorrhea is fifteen dollars. This includes internal medicines and an injection. We send full directions for use when shipping. You can enclose this amount in your letter of reply and I will promptly send you the first months course telling you just how to use it.

You should not drink any liquors and be careful and don't get any of this discharge in the eyes.

Awaiting your prompt reply and assuring you of my very best efforts in your behalf, I remain,

Sincerely yours ———



## II.—LETTER OF INQUIRY

Gentlemen:

A friend of my who works on a ship with me told me that last year he boat some herb medicine from you for the clap. He forget the name I like to by a bottle. I ship from hear and be in new york next week late. Please sen me the name of medicine and how much costs I got bad dose then I sen you money and you sen me medicine.

Yours ———

## REPLY

My dear Mr. ———

I received your letter and was Very glad to hear from you well the medicine will cost you \$3.00 dollars and you must take it Three time a day. Before meals and take the pills after meals Three Time a day, and then you got to take a Brown Pill every night before bedtime,—so I will be Very glad to send it to you if you will send me a money order for the same. So hoping to hear from you soon I am

Yours truly and reply  
Professor ———

## III.—LETTER OF INQUIRY

Dear Dr. ———

I saw your ad in my home town paper and am writing you to find out if you can do something for me. I got a disease from a girl. I took the medicine a druggist gave me and am not cured.

Do you have an herb that you think will cure me. I just got a new job and want to get cured quick so I can attend to my business. Let me know the name and cost of herb and I will send you the money. My friend told me he once was cured good by an herb.

Respectfully yours, ———

## REPLY

(A printed form filled in with typewriter as indicated by bold)

Dear Sir:

We received your letter of the **27th**. Our herbal remedy which you wish for has to be used twice daily. A supply for **two weeks** of this remedy costs **\$18.50**.

Send money order in and we will forward you the herbs with full directions. Thanking you for this inquiry and may we have the pleasure of serving you soon. With our sincere wishes for you, a better health, we are,

Yours very truly ———

## QUACKERY'S YEARLY INCOME

Very little is known of the yearly income reaped by those who exploit persons sick with syphilis or gonorrhea. That this figure must amount to tens of millions of dollars is certain. If five million afflicted persons apply at drugstores annually, if nearly every city supports a number of quacks and charlatans with business prosperous enough to pay for a tremendous volume of advertising in newspapers and magazines, if despite court judgments against them manufacturers can still make and sell over long periods of years a multitude of bottled "remedies," these indications alone point to a huge bill paid by the sick public for a cruel and dangerous racket.

## REMEDIAL ACTION

Three lines of activities designed to correct this widespread evil may be outlined briefly.

1. Suppression of the quack druggist and continued information for all druggists, through schools of pharmacy, pharmaceutical associations, and trade and professional journals.

The quack druggist should learn and be convinced that he has an obligation to perform in relation to the venereal disease campaign. No druggist must attempt diagnosis, nor must he prescribe for the treatment of syphilis or gonorrhea, or other infectious diseases. Nostrums for the self-treatment of these diseases should not be sold if asked for. He should take the trouble to explain to an inquirer for a venereal disease remedy that "self-treatment is extremely dangerous, alike for individual, family and public." The druggist should send the supposed patient to a private physician or clinic. It is urged that the medical profession and public health officials in each community work out with the druggists an effective routine for such referrals to insure that those referred will secure adequate treatment. The druggist with the cooperation of the health department can also keep on hand a stock of display material and pamphlets to give inquirers. Many druggists have voluntarily laid in a stock of such materials and have even organized small window or counter educational exhibits. Those druggists who will not cooperate should be forced by passage and application of legal measures to refrain from diagnosing and selling remedies without prescription.

2. Eradication of quackery—both the unethical practitioner who directly dispenses so-called treatment and the mail-order medical man.

Some States still do not have adequate laws to prevent advertisement and sale without prescription of remedies for syphilis and gonorrhea. This defect in laws should be remedied. Still others have the laws but make little or no effort to enforce them. Constant vigilance is required by postal, medical licensing, pharmacy, health, and law enforcement officials in regard to violations. Persistent effort and cooperation with the authorities are required of State and local medical and pharmaceutical societies.

3. Education of the public.

Despite the intensive campaign of recent years it is seen that the educational task is far from complete. The man in the street is still insufficiently aware of the dangers of syphilis and gonorrhea. He does not know what constitutes adequate diagnosis and treatment of these diseases, with the result that he is all too ready to risk health and even life itself by resorting to pills and bottled remedies of which he knows nothing, purchased at drugstores or by mail. This man needs some formula by which he can choose a qualified physician. He needs to be assured that no "doctor" is allowed to "practice" on Main Street **unless he actually is a doctor** licensed by the State and known to the local health authorities and medical societies. Last but not least there should be provided for the man in the street definite, widespread, localized information as to where to go for advice, diagnosis, and treatment, if he suspects exposure or infection. The public health agencies and the medical and pharmaceutical professions must cooperate in the education of the public.

#### SUMMARY

(1) Illegal and unethical practices still exist widespread and in great volume.

(2) In 35 cities, 62 per cent of the 1,151 drugstores visited were willing to diagnose and sell "remedies" for syphilis or gonorrhea; 31 per cent would not diagnose but did sell remedies especially if asked for by name; only 7 per cent refused to diagnose or sell.

(3) There are on the market many different patent "remedies" for venereal diseases, apparently sold in large volume.

(4) There is some indication that the sale of such "remedies" is now even larger in volume than 6 to 8 years ago.

(5) Large numbers of charlatans, herbalists, and other unlicensed practitioners are treating many persons having syphilis and gonorrhea.

(6) A huge educational task yet remains to be done, judging from a series of replies by men in the street to casual questions concerning proper treatment for syphilis and gonorrhea.

(7) Suggestions are offered for improving the situation.

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### QUACKERY AND HIGH SCHOOL PUPILS

Evidence of the quack's unscrupulous efforts among high school pupils was brought to light in one of the better residential districts of the Chicago area when a short course on quackery became a part of high school class work some years ago. In need of teaching material, I went to the Bureau of Investigation of the American Medical Association in the spring of 1930, and secured just the help needed, including a set of pamphlets on quackery and quack methods. The head of the Bureau, pleased to learn the subject was getting into the high schools, gave me a set of forty posters.

These were placed around the class-room. After an introductory talk, discussion followed. Mimeographed lesson plans gave directions for collection of newspaper and other clippings concerning: testimonials; rheumatic, cancer, obesity 'cures'; advertising doctors and dentists; and any types of quackery represented on the posters.

Interest was quickly aroused, and clippings poured in, often accompanied by samples of patent medicines used as home remedies. Aided by the Bureau pamphlets, we could usually find the actual ingredients of the substances advertised, and noting the advertiser's claims, could emphasize the fallacy of self diagnosis and self medication with such drugs.

One of the posters showed "Manhood" "Vitality of Men" and purported venereal disease 'cures.' This poster, though not stressed, caught the pupils' attention. In a group of freshman boys, from 12 to 14 years old, more than half the class brought in one or two pamphlets by venereal disease quacks. Inquiry as to the source of the booklets showed that distributors had handed the materials around to groups of boys on the way home from school; or had gone through parks and alleys where boys were at play.

The articles were well thumbed, and may have been passed from boy to boy. They were pernicious in character, stimulating interest in sex, and promising easy 'cure' of venereal diseases "without relatives having to learn about the infection" if the victims of such diseases but reported to the addresses given. No such persons or addresses could be found in the city telephone directory. The materials were used to illustrate the lengths to which quacks go in their nefarious methods. Contrasts could then be made as to the approach, methods and treatment of scientifically well-trained physicians.

—FLETA WILLIAMS, M.D., Oak Park, Illinois, in a letter to the A.S.H.A.

## STANDARDS AND ETHICS OF THE PHARMACEUTICAL PROFESSION—HOW CAN THE COOPERATION OF THE PHARMACIST BE OBTAINED? \*

A. G. DUMÉZ, PH.D.

*President, American Pharmaceutical Association*



DR. DUMÉZ

Ethics in the sense in which it is used in this paper has been defined as: "a system of moral principles; as social ethics, medical ethics and professional ethics." The lexicographer might have added by way of further explanation pharmaceutical ethics, because the relationship of the pharmacist to his patrons is much the same in some respects as that of the physician to his patients.

The desirability of providing a system of moral principles to guide the physician in his practice was recognized by the ancients and the wisdom thereof has been proven in the time which has intervened. This is likewise true with respect to the pharmacist. The American Pharmaceutical Association, in recognition of the proven value of some system of this kind for the guidance of pharmacists in dealing with their patrons and in their relations with the members of the other health professions, adopted a code of ethics shortly after its organization in 1852, which was revised in 1922, and from which I quote the following paragraphs:

"Pharmacy has for its primary object the service which it can render to the public in safeguarding the handling, sale, compounding and dispensing of medicinal substances."

"The pharmacist should hold the health and safety of his patrons to be of first consideration; he should make no attempt to diagnose or treat diseases or strive to sell drugs or remedies of any kind simply for the sake of profit."

\* An address given at the Regional Conference on Social Hygiene, Chicago, February 1, 1940. This article also appeared in the *Journal of the American Pharmaceutical Association*, Vol. I, No. 2, February 1940, p. 65.

“The pharmacist should be willing to join any constructive effort to promote the public welfare and he should regulate his public and private conduct and deeds so as to entitle him to the respect and confidence of the community in which he practices.”

These three excerpts have been selected for quotation because they set forth with brevity and clarity the position of the American Pharmaceutical Association with regard to the diagnosis and treatment of disease by pharmacists, to the sale of drugs and medicines simply for the sake of profit, and with regard to the cooperation of pharmacists with other groups which have as their objectives the promotion of the public health and welfare, principles which considerable numbers of pharmacists have been accused of violating in a recent publication issued by the United States Public Health Service.

I hold no brief for the unethical pharmacist nor is it my purpose to attempt to excuse the willful violation of any of the foregoing principles, but I cannot in fairness to those whom I represent, refrain from calling to your attention the fact that pharmacists as a whole are not dishonorable nor are they unmindful of their responsibilities with respect to safeguarding the health of our citizens and, in view of past performance, they can not be characterized as non-cooperative.

To be sure, there are derelicts among pharmacists, even as there are among physicians and dentists and lawyers, but the facts are, as you well know, that pharmacists in general enjoy the respect and confidence of the communities in which they reside, and this would not be true if they were given to indulging in unethical practice. Legally and morally, their responsibilities in this regard are as great as those of the physician notwithstanding the fact that economic necessity and public demand generally compel them to conduct commercial emporiums in conjunction with the practice of their profession.

That pharmacists as a whole are aware of their responsibilities with respect to safeguarding the health of our people may not be so well known to some of you, but I assert that it is a fact equally as well established as their standing in the community and that they have many noteworthy accomplishments to their credit in this phase of public health activity. As evidence in support of this assertion, I call your attention to the fact that two of our most widely used books of official drug standards, *The United States Pharmacopoeia* and *The National Formulary*, are elaborated largely, the latter almost wholly, by pharmacists, and that all of our state laws, with few exceptions, governing the practice of pharmacy, and the manufacture, sale and distribution of drugs and medicines were placed on the statute books of the respective states through the enactment of legislation initiated and fostered mainly by pharmacists. Likewise, pharmacists are responsible in no small measure for the federal laws which have been

enacted to control the importation, manufacture, sale and distribution of drugs and medicines. The first objective of the American Pharmaceutical Association as set forth in its constitution reads as follows:

“To improve and regulate the drug market by preventing the importation of inferior, adulterated, or deteriorated drugs and by detecting and exposing home adulterations;”

and mind you, this was written in 1852, long before the enactment of any federal or state laws to control the purity and quality of these products. In this connection, I will also add that drug addiction, so prevalent in this country a few decades ago, is no longer a serious menace to the public health and welfare largely because of the strict compliance on the part of pharmacists with the laws governing the sale and distribution of narcotics. Among the more than 50,000 pharmacists in the United States licensed to sell narcotics, the violations reported annually are so small as to be almost negligible in number—about 2 per cent, and these are mostly technical in character.

As evidence that pharmacists have been favorably disposed in the past to cooperate with other organized groups in their endeavors to safeguard the health of the public, I call your attention to the part taken by them in making effective the campaigns to remove from the market such preparations as the habit-forming cough syrups, catarrh snuffs and asthma cures and the nostrums advertised for the cure of cancer, consumption, et cetera. As proof of their willingness to cooperate with these groups in the future, I quote the following resolution adopted by the American Pharmaceutical Association at the Convention held in 1938:

“RESOLVED:

1. That the American Pharmaceutical Association expresses its profound interest in all plans proposed for extending medical care,
2. That the Association pledges its cooperation in devising suitable plans for the utilization of existing agencies now providing medical services and,
3. That the Association strongly urges the retention of free choice of physician, dentist, pharmacist and nurse, by the patient, as an essential feature in whatever system may be adopted.”

In view of the favorable attitude exhibited by pharmacists toward the provision of standards for drugs and medicines and the enactment and enforcement of laws for controlling their manufacture, sale and distribution and in view of past performance with respect to cooperation in movements for the promotion of public health and welfare, it would appear that there must be some good reason or reasons for the failure of considerable numbers of them in widely separated sections of the country to cooperate fully with the groups represented here in carrying out the program for the control of venereal diseases, and it is my opinion that the following are the more important of these reasons:

1. *Failure to recognize in the beginning the importance of organized pharmacy in the development and furtherance of the program for the control of venereal diseases and formally to invite its cooperation.*

Unless I am misinformed, this is the first time that organized pharmacy has been invited by any of the groups represented here to cooperate in making effective the program for the control of venereal diseases. The blame for the failure of pharmacists to cooperate in the furtherance of this program as fully as you anticipated, therefore, does not rest entirely with us. To me, it seems quite obvious that no professional society can be expected to cope successfully with an extraneous problem of this kind within its own ranks when such professional society and the profession which it represents are not made a party to the organized efforts for the solution of that problem. Had the organizations represented here invited The American Pharmaceutical Association to cooperate in making effective this program in the early stages of its development, I have good reason to believe that the invitation would have been accepted and that you would have had by this time not only the cooperation of the American Pharmaceutical Association but that of all the other pharmaceutical organizations, national, state and local, which look to it for leadership in matters pertaining to the public health and welfare. As it is, we must now begin from scratch whereas you have a five-year start on us.

*2. Lack of effective measures designed primarily to educate pharmacists fully with regard to the nature and purpose of this program and its importance from a public health standpoint.*

Pharmacists, as a whole, are no doubt not as well informed as physicians with respect to public health problems and their importance by virtue of the difference in their education and training, and this is particularly true of the older pharmacists, who attended college before courses in the biological sciences, public health, sanitation, et cetera, were a part of the pharmaceutical curriculum. Special educational and informative measures should, therefore, be developed to acquaint them more fully with these problems and particularly with reference to this program.

*3. Failure to make full use of the drugstore as an agency for the dissemination to the public of information on venereal diseases.*

In the report of a functional study of pharmacy made under the direction of Dr. W. W. Charters, then Dean of the Graduate School of the University of Pittsburgh, and published in 1927, there appear the following statements:

"The pharmacists are more strategically situated than any other group of individuals to give personal advice upon matters of public health on which they are informed. The information is given free of charge and can be obtained within easy walking distance of the home."

"A well-informed pharmacist is the best single individual to disseminate information about public health."

If these statements represent the considered opinion of an experienced investigator, who has made a study of the services which pharmacists are prepared to render, why not profit by them? Supply the pharmacists with the information and literature which you desire

to have disseminated, and, if you will pardon me for the suggestion, make these supplies available through the pharmaceutical organizations, which I believe you will discover to be your most effective means of distribution.

*4. Failure to appreciate the difficulties faced by pharmacists in their efforts to cooperate fully in carrying out their part of the program.*

My opinion in this instance is based on the fact that a large majority of those who contract a venereal disease apply to the drugstore first for a remedy and, if I am correctly informed, they usually call for a specific item, one of the several packaged remedies. It is often embarrassing and frequently difficult for a pharmacist to refuse to sell to a patron of long standing an item when called for over the counter, particularly when that item, up to the present time at least, has been lawfully made and distributed, when there are no legal restrictions against its sale by the pharmacist and when the pharmacist knows that it can be purchased in stores other than those conducted by pharmacists. Then too, it is not always as easy as it may seem to persuade a patron to consult a physician. There are those who boldly state that they know what they want and that they do not need or desire treatment by a physician. These patrons are not greatly impressed with the statement that the sale of these remedies is unethical or with the proffered advice that it is not only desirable but imperative that they consult a physician if suffering and lingering illness are to be avoided. If some effective means for refusing to sell these remedies could be worked out whereby the pharmacist would be relieved of the embarrassment of offending his patrons, I am confident that pharmacists would welcome it.

*5. Failure to devise a satisfactory routine for referring venereal disease cases to physicians and clinics.*

It has been reported that patients referred to clinics by pharmacists frequently return to them with the complaint that the treatment received was unsatisfactory and with the urgent request that they be supplied with a remedy of their own choice. It is realized that complete satisfaction in all of these cases is impossible to attain, but it does seem that some more effective routine for handling these cases could be devised.

Pharmacy has not failed in any of its previous undertakings and I am certain that it will not fail to do its share in this instance if properly approached and fully informed of your aims and its responsibilities. By way of conclusion and for the purpose of definitely pointing the way to secure the full cooperation of pharmacy in the furtherance of this program, I, therefore, offer the following recommendations:

- (1) That there be established closer cooperation between public health officials, physicians and pharmacists. This can be effected by inviting pharmacists to take part in meetings of this kind, national, state and local, and by giving them representation insofar as this is possible on boards and committees created for the purpose of directing or controlling



public health programs in which pharmacists are expected to cooperate.

(2) That special measures be developed to fully educate pharmacists with regard to the nature and purpose of the venereal disease control program or, if this is not feasible, that there be sent to them the same information on the development and progress of this program as is sent to physicians.

(3) That pharmacists be supplied with display material which can be exhibited in their pharmacies and with literature for distribution to the lay public.

(4) That there be devised in cooperation with pharmacists an effective means to enable them to refuse to sell remedies for the treatment of venereal diseases without offending their patrons.

(5) That there be developed in cooperation with pharmacists an effective routine for referring venereal disease cases to physicians and clinics whereby those thus referred will be assured of receiving adequate treatment.

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Quackery fills the gap between the present level of venereal disease control activities and the level which must be reached to remove syphilis and gonorrhea from their top ranking as public health problems. . . . The very existence of quackery means that venereal disease control work is incomplete. Surveys indicate that about 700,000 persons each year, believing themselves infected with syphilis, seek treatment at the hands of quacks, or from drug clerks. . . .

The gap, therefore, into which at least 7,000,000 additional doses of the arsenical drugs should be thrown in order to stem the tide of infectious syphilis each year, is being filled by quackery.

Quackery flourishes because its roots are sunk in ignorance and superstition, and because it is a by-product of our economic life. The law itself cannot eliminate quackery unless steps are taken to uproot not only the superstition and ignorance upon which it thrives, but also the peculiar economic conditions that nourish it. When proper medical care is available free to those who cannot pay, and at part-cost to those who can afford moderate payment, the task becomes primarily one for the educators.

R. A. VONDERLEHR, M.D.

*Director, Division of Venereal Diseases,  
United States Public Health Service.*

## CHARLATANISM IN RELATION TO SYPHILIS AND GONORRHEA \*

PAUL C. BARTON, M.D.

*Director, Bureau of Investigation, American Medical Association*



DR. BARTON

I wish I could open a discussion of charlatanism in the treatment of gonorrhea and syphilis by stating that the activities of the various organizations cooperating in this program had resulted in the abolishment of quacks and charlatans who prey on that unfortunate portion of the American public suffering from these diseases. That such a statement is a far cry from the actual conditions that exist today is evident from the addresses given this morning. Much

has been accomplished, but there is still a long, hard, up-hill fight ahead. It must be remembered that this is only the fourth anniversary of Social Hygiene Day, and that those who have been fighting tuberculosis have been at it for thirty years. The activities of the American Medical Association against quacks, quack remedies, "patent medicines" and harmful cosmetics have been going on for thirty years. Neither of these groups has been discouraged by the fact that there is much work still to do, and it is obvious, therefore, that there should be no discouragement in continuing a program which has had open publicity for only four years.

Before giving consideration to quackery and charlatanism in this field, it is well to note that satisfactory treatment is available to the individual, either from his own physician or from the various university hospital clinics, state and municipal clinics and other clinics operated under the supervision of responsible parties and employing only qualified individuals. Unfortunately, there are still many individuals who will not visit their own physicians or ethically conducted clinics for the treatment of gonorrhea or syphilis, although they do so for the treatment of diseases not having social stigma. From these individuals, as well as those who are not in the habit of obtaining adequate medical care in any instance, the advertising specialist and the fly-by-night clinic obtain their customers.

\* A paper delivered at the Regional Conference on Social Hygiene, Chicago, February 1, 1940.

For the purpose of showing that many improvements have taken place, as well as illustrating the fact that publicity and education are vitally important factors in eliminating undesirable individuals from this field, reference is made to the campaign conducted by the *Chicago Tribune* in 1913. The articles resulting from the *Tribune's* investigation and appearing in that paper during October and November of that year have been incorporated in a pamphlet issued by the Bureau of Investigation of the American Medical Association, entitled *Men's Specialists*.

One of the most important facts brought out was that those engaged in these activities found syphilis, and one man claimed he could see it, in individuals whose freedom from syphilis had been pre-determined.

Such a racket not only mullets the innocent victim, but may give rise to almost limitless mental stress and strain from which the individual may never fully recover. From the standpoint of society, however, those who declared that syphilis was present where it did not exist were relatively innocuous, for it is the quack who actually finds syphilis and does not treat it adequately, or who treats it in such a way that the patient discontinues treatment from choice, who is the greatest menace to humanity. The individual is thrown back to society to infect others, including the subsequent generation.

One quack exposed claimed to have a special arrangement whereby he was in direct contact with Prof. Paul Ehrlich, discoverer of salvarsan and, that he was the only one who could obtain the real Ehrlich treatment. Incidentally, this individual used Ehrlich's name in the advertising in such a way that it suggested that the patient received the attention of the salvarsan discoverer himself. And, last but not least, the individual turned out to be a man who, under another name, had, at least up to that time, maintained a respectable private practice.

The various charges made against the individuals and concerns exposed are too numerous and detailed to be considered further at this time. Suffice it to say that some patients had their pockets picked while being examined. Needless to say, a great exodus of individuals described occurred simultaneously with this exposé by the *Tribune*. The whole story is an excellent example of what can be done by publicity and education.

The charlatans concerned were using advertising to a far greater extent than those engaged in the same field at the present time. While it is true that wax-works anatomy museums or institutes may not be as common as they once were, advertising quacks still exist in this field. While it is also true that great strides have been made through the improvement of medical education, licensing laws and medical ethics, the fact remains that there are a few legally qualified individuals who still engaged in quackish activities in this field. There are still some itinerants who, although they are not so blatant about treating diseases of men as they once were, still find that an important part of their activities is treating chronic diseases. The use by the

quack of a procurer, whether as a "floorman" wandering about the anatomy museum or an individual hanging around less desirable gathering places in a city, is not as common as it once was, but the use of various pamphlets handed out by peddlers, advertising individuals or clinics of questionable standing, is still a common practice, at least in our larger cities.

That such advertising is still successful is the principal challenge to those who would educate the public as to the proper care of these diseases. It is the hope of those who are interested in the future welfare of this nation that before many more generations the public consciousness of the necessity of obtaining the very best treatment and care possible for the treatment of venereal diseases will become greatly increased.

Various departments of the American Medical Association have contributed their part to the abolishment of individuals and institutions engaged in charlatanism in this field. First, the Council on Medical Education and Hospitals has increased the standards of medical education and designates hospitals on the registered list as suitable for internship and for special training in the various fields of medicine. This has resulted in the elimination of many individuals and institutions that are not qualified to be engaged in this line of work.

The A.M.A.'s Council on Pharmacy and Chemistry gives consideration to remedies that are ethically promoted to the medical profession for the treatment of diseases, and either accepts or rejects them in accordance with the evidence available for their usefulness and relative safety. Thus the busy physician can refer to this source or to its publications for scientific data concerning any treatment for syphilis or gonorrhea which he is importuned to employ.

*Hygeia*, the health magazine, maintains a *Questions and Answers* Department which serves to inform laymen who are interested in the medical and scientific aspects of the proper treatment of any disease, including syphilis and gonorrhea.

And finally, the Bureau of Investigation continues to inform individuals of the status of those who have been and still are quacking it in this field. The Bureau also furnishes information on cures advertised to the public for the treatment of these diseases. Further, publicity is given to such preparations as have been subjects of Federal Trade Commissions stipulations and orders, Food and Drug Administration Notices of Judgment, and Post Office fraud orders issued against promoters of alleged remedies sold by mail for the treatment of these diseases. A few examples will suffice. A "syphilis cure" fraud was exposed in the *Journal A.M.A.* in the past thirty days. The individual back of this had previously promoted a cancer treatment and had been the subject of previous write-ups in *THE JOURNAL*. The treatment was promoted for bad blood resulting from syphilis, anemia, malaria, pellagra, gonorrhea, tuberculosis and some other conditions. The preparation consisted of sodium iodide, alcohol,

sugar and plant extractives, including bitter principles, tannins and saponins. The write-up noted that a fraud order was issued April 1, 1939. Two years previously the Federal Trade Commission had obtained a stipulation from the promoters that they would cease representing that the product can be used by the sufferer at home with beneficial results, regardless of the cause of the ailment or the length of time it has existed.

At that time one of the defendants was credited with admitting that there is no blood disease for which their product could be considered a satisfactory remedy. Yet two years later it was necessary for the Post Office Department to issue a fraud order to force the promoters to cease using the United States mails for promotion of the remedy for the treatment of blood diseases.

About a year ago a mail-order "cure" for gonorrhea and syphilis was exposed in *THE JOURNAL*. The business was solicited by advertisements placed in various newspapers, and one of the remedies was represented as a cure for syphilis, gonorrhea, pellagra, sores, bad blood, boils, fevers and pains. It consisted of hydrochloric acid and ferrous sulfate. The Bureau of Investigation has since been informed that the principal in this promotion has been sentenced to jail and fined as a result of criminal proceedings arising out of this fraud order.

The Bureau has for years abstracted Notices of Judgment issued against such remedies by the Food and Drug Administration, and keeps a complete record of Federal Trade Commission actions against these items. The information is passed along to inquirers requesting information concerning the particular remedy or remedies.

It is quite evident that (1) satisfactory treatment by qualified physicians is available; (2) unsatisfactory treatment by unqualified individuals is also, unfortunately, still available; (3) the only measure at hand for bringing those individuals who make use of the services of the second group into the hands of those who are fully qualified is by education. The American Social Hygiene Association has expended its efforts in the direction of education on these subjects, and if success is to be attained in the proper control and the eventual eradication of these diseases, present educational activities must be continued and extended.

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#### New York's Mayor Warns Against Quacks

"I have a word for young people. Young folks, if through indiscretion or otherwise you become infected, take your parents into your confidence at once. Parents understand. Do not be misled by the smart guy on the corner who will tell you to go to some store and buy a preparation to treat yourself. Do not do it! These diseases can be permanently cured only by proper medical care."

FIORIELLO H. LA GUARDIA,  
*Mayor of the City of New York*

## FOURTH NATIONAL SOCIAL HYGIENE DAY FEBRUARY 1, 1940

ELEANOR SHENEHON

*Director, Community Service, American Social Hygiene Association*

The month of February, "so full of frost, of storm, of cloudiness," brings a white snowfall to the national headquarters of the American Social Hygiene Association: drifts of clippings from the newspapers of a nation, flurries of letters from every corner of the country, heaped up mounds of reports from the statistically minded. Carefully pieced together these treasured scraps of paper tell each year the story of America at war against syphilis, the story of Social Hygiene Day.

### *Democracy in Action*

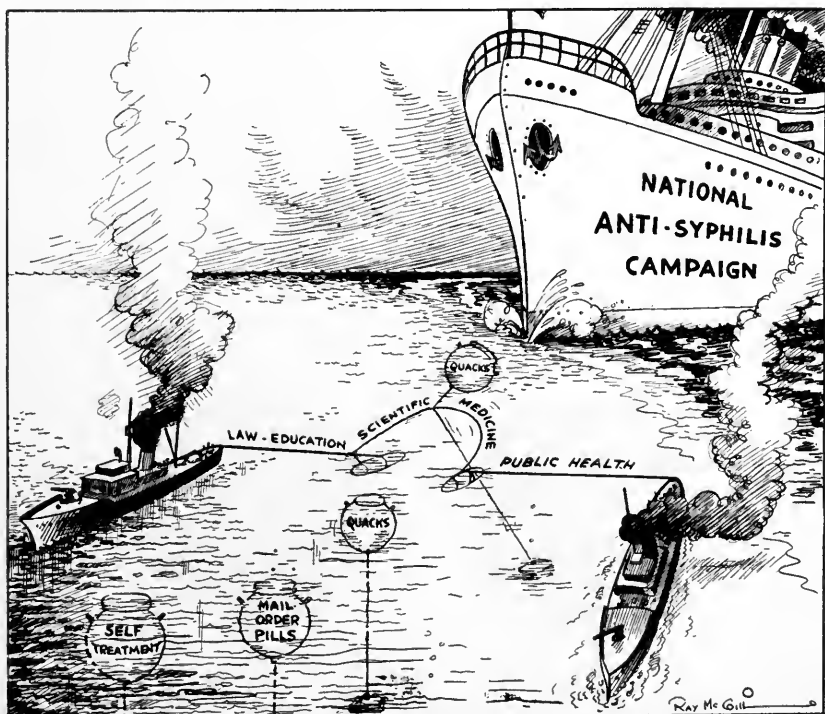
To all of us who treasure the unregimented ways of a wayward democracy that story is a tremendously interesting and revealing one. Many thousands of people take part in organizing the observance of Social Hygiene Day, but they are no docile herd, moving mechanically this way and that at the crack of a command. They are men and women of good will, making a voluntary offering of their time and thought and energy to promote the common good. They know that a free people must be an informed people if democracy is to succeed. They labor long and hard to advance the frontiers of understanding for their fellow citizens, planning meetings and demonstrations, arranging radio programs and special publicity, telling Americans in every way that their ingenuity can devise what syphilis is, how it is caused, how spread, how cured. And their fellow citizens, too, give freely of their time to listen and learn, so that they too may be armed with knowledge.

### *Citizen's Day*

Social Hygiene Day itself is of course only one date in a year round program aimed at the eradication of syphilis. The medical profession, the public health services, the voluntary social hygiene associations and societies and committees are at work every day of the year. They are the professional soldiers and they are in the fight for the duration. But Social Hygiene Day is the citizens' day, when the people of America put their collective shoulders to the wheel and give a mighty shove. Results: new impetus, rough spots passed over, a measurable gain toward a goal still distant but in sight of those with vision.

*No Short Cut*

The particular "rough spot" which the Fourth National Social Hygiene Day helped to smooth over was the continuing existence of public belief in the efficacy of self-medication and "quick cures," which recent studies have shown to be holding up the progress of the anti-syphilis campaign. As long as infected persons attempt to treat themselves for the disease, as long as they give credence to the claims of the charlatan, just so long is progress impeded. So the Social Hygiene Day—1940 program emphasized the importance of guarding against unscrupulous quacks and the sellers of worthless remedies who, promising quick cure, mercilessly exploit their unfortunate victims.

*We Must Sweep These Mines Away*

CARTOON USED IN "HERALD OF SOCIAL HYGIENE"

*Chicago Conference*

The American Social Hygiene Association's own Social Hygiene Day observance took the form of a two-day regional conference held in Chicago on February 1st and 2nd. The United States Public Health Service, the American Medical Association, the American Pharmaceutical Association and nearly a hundred Illinois and Chicago

organizations with a stake in the social hygiene program served as co-sponsors for this meeting. Its general theme was the education of the public regarding the nature of syphilis and gonorrhea, the proper sources of medical care, and the background conditions which contribute either to the spread or the prevention of these diseases. The problems of quackery and self-treatment were given careful consideration, with Doctor A. G. DuMez, President of the American Pharmaceutical Association leading off with a talk entitled *Standards and Ethics of the Pharmaceutical Profession—How Can the Cooperation of the Pharmacist be Obtained?* (See page 166.)

### *Annual Meeting*

The Twenty-Seventh Annual Meeting of the American Social Hygiene Association was held in connection with the Chicago conference, at a dinner meeting on the evening of February 1st. A feature of the program was the award of the William Freeman Snow Medal for Distinguished Service to Humanity to General John J. Pershing, General of the Armies and first Chairman of the Association's National Anti-Syphilis Committee. The presentation was made by Major General Merritte W. Ireland, with General Pershing's acceptance speech coming to the Chicago audience full and clear by telephone from Arizona. The formal addresses of the evening were made by Surgeon General Thomas Parran of the United States Public Health Service and Doctor Nathan B. Van Etten, President-Elect of the American Medical Association. These talks have already appeared in the March 1940 issue of the *Journal of Social Hygiene*. Additional reports of the other sessions of this very interesting and successful conference are carried in the current (April 1940) number.



THE 1940 SNOW MEDAL PRESENTED TO GENERAL PERSHING

### *"Social Hygiene Month"*

The growth of this nationally sponsored Social Hygiene Day program in Chicago into a two-day conference presents an entirely characteristic development. For this "Day" has in truth outgrown its original limits, until every day in February is *Social Hygiene Day* somewhere in the country and February itself more and more often referred to as *Social Hygiene Month*. Thus the program is broadened and local convenience taken into consideration.



*Biggest City—Biggest Meeting*

In New York City, for instance, the annual Regional Conference on Social Hygiene was held on February 7th. This tremendous gathering of some five thousand men and women from the Metropolitan Area is the great-grandfather of all Social Hygiene Day meetings, having had its beginnings before the national observance was instituted and being by all odds the largest such assemblage in the country. Like most great-grandfathers it is dignified and impressive, and an inspiration to those who come after. It is held under the auspices of the Social Hygiene Committee of the New York Tuberculosis and Health Association, with seventy-six state and city organizations serving this year as co-sponsors.



NEW YORK CITY'S MAYOR LA-GUARDIA PRESENTS PRIZE IN ANNUAL POSTER CONTEST

*Social Hygiene Societies*

Leaders of Social Hygiene Day observance by voluntary agencies are the state and community social hygiene societies and committees affiliated with the national association. These organizations are the spearhead for the broad social hygiene movement in the United States and they know well how to use Social Hygiene Day to advance their cause. Such successful community meetings as those held in San Francisco, Boston, Houston, Fort Wayne, Washington, New Orleans, Indianapolis, Atlanta, New Haven, Kansas City, such state-wide programs as those organized by the forty-five Social Hygiene Committees of the State Committee on Tuberculosis and Public Health of the New York State Charities Aid Association or the New Jersey Social Hygiene Association, are the results of their efforts. Nor are these efforts limited to a single day, but rather directed at promoting a series of group and community observances that bring the fight against syphilis to the attention of every citizen, to increase his understanding of it, to enlist his sympathy and his help.

*Woman's Work Is Never Done*

It is hard to visualize what this country would be without its women's clubs. They have known "the American Dream" of a better life for all and have taken action in many fields to make that dream a reality. So it was inevitable that they should have helped lead the way in the fight against syphilis and given it their continuing

support. Very many of them joined in the observance of the Fourth National Social Hygiene Day, from members of such national organizations as the General Federation of Women's Clubs, the League of Women Voters, the Woman's Christian Temperance Union to independent organizations of a great variety of interests.

### *To the Gentlemen*

But the women haven't had it all their own way by any means. The war against syphilis has had the powerful support of many of the great national men's organizations, through whose efforts the problem has come to be better understood and better dealt with. Social Hygiene Day has from its inception had the interest of such groups as the American Legion, the Junior Chambers of Commerce, the Lions, the Rotarians, the Kiwanis Clubs, the Optimists, the Exchange Clubs, and many others. It is characteristic of the growing interest of such groups that their activity tends to develop from a one-meeting program into very much broader and more continuous activity.

### *Health and Welfare Agencies*

The number of voluntary groups taking part in the Social Hygiene Day program is so large and their variety so great that an attempt to present a bird's-eye-view of the nation-wide observance must necessarily come sooner or later to a listing of cooperating agencies.

Organizations with special responsibility for the public health very naturally found in Social Hygiene Day an opportunity to advance their own programs of public information about syphilis. Included among the sponsors of 1940 observances, therefore, were public health associations, health and welfare associations, health advisory committees, volunteer health leagues, state and county medical societies, Red Cross chapters, nursing groups, and hospitals. With these health agencies should perhaps be grouped such cooperating community organizations as community chests, councils of social agencies, welfare federations, community centers, settlement houses, and civic and community forums.



A SOCIAL HYGIENE EXHIBIT  
IN BRIDGEPORT, CONN.

### *Parents, Teachers, and Young People*

Those interested in education and the welfare of young people have always been deeply concerned with the social hygiene program and given their support to Social Hygiene Day. Parent-Teacher Associations throughout the country observe this day very widely,

Church groups have been active in promoting Social Hygiene Day programs. Young people themselves have taken an important part in making February "Social Hygiene Month."

—*And Many Others*

Any such arbitrary grouping of voluntary agency sponsors of Social Hygiene Day observance as the above necessarily leaves some cooperating agencies unaccounted for: the programs of industries and labor groups, for instance; the important part played by Negro organizations of many different kinds; the contributions of libraries. It also omits the far-reaching programs of the official agencies concerned with health and welfare.

*Official Agencies*

First among the official agencies sponsoring Social Hygiene Day observances are of course the public health services, both state and local. Almost every state and territorial health department incorporates Social Hygiene Day (or Month) into its own health education program. The health departments of the cities and counties follow the same plan for their own communities, arranging or cooperating in the organization of meetings, sponsoring radio programs, preparing special publicity for the occasion, providing the speakers for innumerable meetings of local groups.

Of almost equal importance in the total Social Hygiene Day picture are the programs arranged by state and local affiliates of the great federal agencies: the Work Projects Administration, through its Adult Education project; the Civilian Conservation Corps; the National Youth Administration; the Indian Medical Service; the Farm Security Administration and the Extension Service of the Department of Agriculture. The United States Public Health Service of course cooperates with the American Social Hygiene Association in sponsoring the nation-wide observance of Social Hygiene Day.

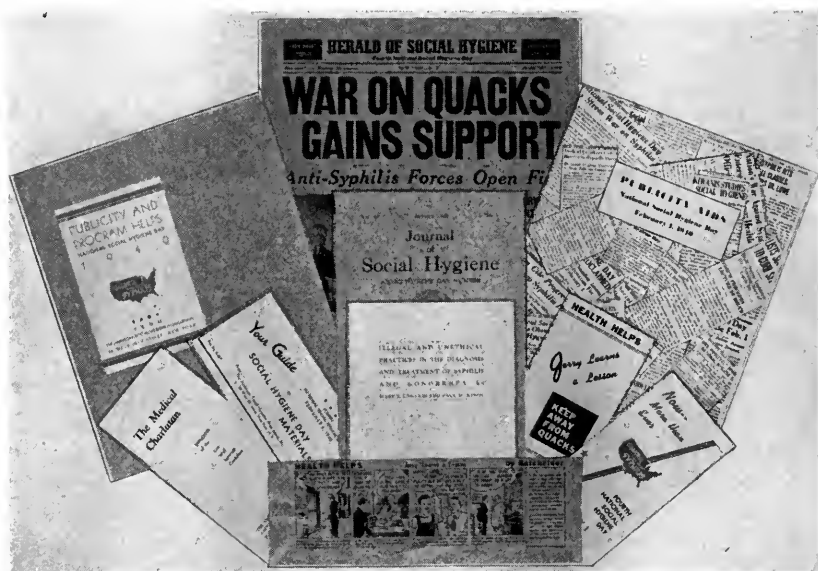
*From Coast to Coast—and Beyond*

And the Fourth Social Hygiene Day program was indeed nationwide, with programs in every state in the union as well as in the territories of Puerto Rico, Hawaii, and Alaska. Our neighbors in Canada, in spite of their preoccupation with war-time problems, have again joined us, as in the past, in the February observance. Perhaps when peace comes again Social Hygiene Day may become a continental rather than a national event, to aid in dealing with a problem that is bigger than the confines of any one country.

*The Sponsor's Part*

The American Social Hygiene Association helps to provide the sinews of war for the Social Hygiene Day campaign. Twenty-five hundred substantial kits of program and publicity aids were furnished to official and voluntary agencies requesting them for use in connection with the 1940 observance. A hundred and fifty thousand copies of the Social Hygiene Day announcement folder *Now—More Than Ever*

through special meetings, radio programs, and publicity. Schools and colleges in very large number arrange some special observance. were issued to cooperating groups, many of them state and national organizations, for their use in bringing the celebration to the attention of their local affiliates. Nearly two hundred thousand copies of the miniature newspaper, *The Herald of Social Hygiene Day*, were supplied for distribution at meetings. The new one-reel sound film on syphilis, *With These Weapons*; a special cartoon strip on quackery, *Jerry Learns A Lesson*; posters; mats for newspaper use—all these



SOCIAL HYGIENE DAY PUBLICATIONS AND PUBLICITY AIDS

materials were part of the contribution of the national agency to the success of Social Hygiene Day. That through the cooperation of many, many organizations, national, state, and local, with the help of a sympathetic press and radio, the Day has in three short years made a place for itself in our national life is attested by its growth from five hundred meetings on the First Social Hygiene Day in 1937 to an estimated five thousand in 1939 and 1940. Perhaps the most interesting—or at any rate the most amusing—evidence of its success were headlines that appeared recently in one of the leading newspapers of a New England City: “. . . Will Not Observe Social Hygiene Day.” Many a headline has told the story of the February observance; perhaps the fact that today its omission rates bold face type is the greatest tribute yet to its success.

*So Say We All of Us*

A Kentucky woman writing a column\* to appear in the papers of her state at the time of Social Hygiene Day said, "It is thousands of miles from my cozy, glowing open fire tonight to that thunderous noise beyond the seas, but I feel it just the same—deep down inside of me. Like a whiff of thin blue smoke such as drifts across the mountain to our peaceful valley every Indian Summer, comes the consciousness of human sufferings beyond the seas. It is war and war is misery.

"Disease is misery too, and in our country the war we wage is against disease. In our own state, at this very moment, there is a war being waged against syphilis. . . . Let's make this war that we are waging against syphilis in our free and happy country so effective that it will be heard above that thundering noise beyond the seas."

\* *The Doctor's Wife Writes*, quoted from the Danville (Kentucky) Advocate of February 12, 1940.

**DO YOUR DRUG STORES COOPERATE?**

If not, they may be glad to begin by displaying this attractive counter-card which has been found extremely effective for popular education. Printed on strong card-board in red and black, 14 inches high, with easel back, these may be secured at the low cost of 50 cents per dozen, \$2.50 per hundred, \$25.00 per thousand. Your imprint on 100 or more \$2.00 extra. Ask for free sample.



For greatest value, the counter-card should be accompanied by leaflets or other free material. If these are not available locally, the following are suggested:

*Pub. No.*

- |       |  |                                       |  |
|-------|--|---------------------------------------|--|
| A-119 | A-B-C of Syphilis.                                 | \$2.50 per 100, \$15.00 per 1,000.    |  |
| A-130 | Questions and Answers About Syphilis and Gonorrhea | } \$1.00 per 100<br>} \$5.00 per 1000 |  |
| A-237 | Jerry Learns a Lesson—Keep Away from Quacks        |                                       |  |

Order from the American Social Hygiene Association,  
50 West 50 Street, New York City

## EDITORIALS

### PHARMACY COOPERATES

Pharmacy has long been in a key position to fight against those twin evils—syphilis and gonorrhea. In the past many pharmacists have given effective cooperation in venereal disease control activities, though too often they have received little credit for their efforts. Today, new hope for success is appearing as the leaders in pharmacy make ready to take a larger part in the present nation-wide program.

With a joint committee of the American Pharmaceutical Association and the American Social Hygiene Association being formed \* to assure more widespread cooperation of pharmacists, it is anticipated that during 1940 pharmacy will give great support to the venereal disease control program. Recognizing the importance of informing the druggists of the country in which ways they can best cooperate in the campaign, the joint committee will work with state and local pharmaceutical societies and some 60 schools of pharmacy in educational activities. Many state pharmaceutical organizations have already passed resolutions urging closer cooperation between physicians, pharmacists and health authorities. The Houston Retail Druggists Association, the New Jersey Pharmaceutical Association, the California Pharmaceutical Society, and the Springfield Pharmaceutical Association have passed such resolutions.

The control of syphilis and gonorrhea—two of our most prevalent serious communicable diseases—is a public health problem which requires for its solution the inclusion of the pharmacy groups. Their close contacts with people in their communities can be a tremendous force in this fight. To the pharmacist the people of his neighborhood often come first for advice about medical difficulties and what to do about them. To him the American Pharmaceutical Association and the American Social Hygiene Association join in saying:

\* See page 186.

“Don’t counter prescribe. Don’t sell drugs to be used in the treatment of syphilis and gonorrhea, except on a physician’s prescription. Help to persuade every person to seek proper examination, advice and medical care for these diseases.”

The JOURNAL takes pleasure in presenting this *Special Number on Quackery and Self-Treatment* for the information of our readers on these problems, and evidence that steps are being taken towards solution.

#### THE FIVE-DAY TREATMENT FOR SYPHILIS

As the JOURNAL goes to press, newspapers of the country are reporting a new method of treatment of syphilis which leading observers believe may be the most important advance in syphilis therapy since Ehrlich discovered salvarsan about thirty years ago. The method was described on April 12th, 1940, before a meeting of distinguished physicians at Mount Sinai Hospital, New York. A full discussion of the method occurred at a dinner given on the same date by the American Social Hygiene Association.

Developed by a group of New York physicians, the method consists essentially in introducing very slowly into the vein an arsenical in high dilution of saline and glucose. The solution flows into the vein at the rate of 20 or 30 drops per minute for ten or twelve hours a day for a period of five days. The quantity of the arsenical which can safely be given in five days by this method is equivalent to the amount given in a period of three or four months by present standard methods.

While results of this method of treatment are highly encouraging, it is too soon to make a full evaluation. Since social hygiene workers throughout the country will want to know the facts regarding this method, Dr. Walter Clarke, A.S.H.A. Executive Director, and a member of the committee which directed this research project, has prepared an article describing the intravenous drip method of syphilis therapy and the results thus far attained, which will be published in the May issue of the JOURNAL OF SOCIAL HYGIENE. Preprints will be available in the meantime.

## BOARD OF DIRECTORS ANNUAL STATEMENT \*

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As indicated in the annual meeting notes and reports published last month, certain resolutions were referred to an editing committee, and other matters were referred to the Board of Directors for further consideration and action. Among these, were several resolutions of general interest and a number of proposals for program activities.

Subsequent to the annual meeting, the conference of the United States Public Health Service with Health Officers and Venereal Disease Control Directors for the Southern States was held in Atlanta February 13, 1940, and a comprehensive series of resolutions covering all phases of diagnosis, treatment, and venereal disease control work were discussed and adopted. These will be published in an early issue of *Venereal Disease Information*.

Out of these two significant conferences come a few resolutions which will be given further consideration at the Conference of State and Provincial Health Authorities. Eventually, a very useful statement in the form of resolutions outlining accepted principles will appear.

One resolution which has already led to the appointment of a Joint Committee with the American Pharmaceutical Association read as follows:

WHEREAS, the one hundred and twenty-five thousand pharmacists in the United States are in a position greatly to aid the program for combating syphilis and gonorrhea; and

WHEREAS, there are many strong reasons for enlisting their active friendly cooperation in the present nation-wide campaign against these diseases;

BE IT RESOLVED: That the American Social Hygiene Association and the American Pharmaceutical Association be requested to consider the designation of two members each of a joint committee empowered to select a fifth member and to add Dr. Walter Clarke, Executive Director of the American Social Hygiene Association and Dr. E. F. Kelly, Director of the Institute of Pharmacy; such committee to be authorized to plan and promote cooperation and activities in accordance with the purposes of this resolution.

BE IT RESOLVED further that, in developing the work of this committee, the following activities should be considered:

(a) To carry on education activities for the instruction of pharmacists through their professional schools, professional meetings, and professional periodicals, and in such other ways as may appear to the joint committee to be practicable.

(b) To draw pharmacists into participation in the education of the public through the many opportunities afforded by drug stores.

(c) To encourage pharmacists to direct all persons who may have syphilis or gonorrhea to the proper sources of diagnosis and treatment.

(d) To study the problems surrounding the ethical and legal aspects of distribution and control of drugs and patent remedies used for the treatment of syphilis and gonorrhea.

(e) To seek the collaboration of other groups, especially the American Medical Association, the United States Public Health Service, and the Federal Bureau of Food and Drugs.

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\* Continued from page 139 of the JOURNAL OF SOCIAL HYGIENE, March, 1940.



Two resolutions closely related to the above read as follows:

WHEREAS, the American Social Hygiene Association, the American Medical Association, the American Pharmaceutical Association, as well as other national, state, and local associations are on record as strongly opposed to the diagnosing or treatment of the venereal diseases by pharmacists and drugstore clerks and also as opposed to the selling of remedies for these diseases except on the prescription of a physician; and

WHEREAS, recent studies indicate that these practices are still being extensively carried on in many cities and districts in spite of this disapproval and contrary to the laws in a number of states aimed at their suppression;

THEREFORE, BE IT RESOLVED: That the agencies above listed should continue and increase their cooperation to secure the voluntary suppression of these practices by local druggists and their clerks.

AND BE IT FURTHER RESOLVED: That the agencies above listed should favor the passage of adequate laws, by those states which do not have them, aimed at the suppression of these practices and their enforcement against pharmacists who fail or refuse to cooperate in this suppression.

WHEREAS, many quacks and other unqualified persons in the United States continue to advertise to treat and attempt to treat cases of the venereal diseases to the serious detriment of their credulous patients and to the injury of the public health; and

WHEREAS, these practices can and should be greatly reduced by the passage and enforcement of adequate laws;

THEREFORE, BE IT RESOLVED: That those states which have no laws on this subject should pass them, and those which have inadequate laws should amend them so as more effectively to suppress these practices.

Two other resolutions which will undoubtedly receive a good deal of consideration and publicity during the year read:

*Prenatal Law for Helping to Protect Mothers  
and Babies from Syphilis.*

WHEREAS each year many thousand children are born infected with syphilis and a large number die of this disease before birth; and

WHEREAS ninety per cent of congenital cases of syphilis can be prevented if the disease is discovered in the mother before the fifth month of pregnancy, and she is adequately treated thereafter;

THEREFORE, BE IT RESOLVED that new laws or necessary amendments to existing laws should be enacted to require licensed physicians and other persons permitted by law to advise and care for pregnant women, to take or cause to be taken specimens of blood from every such woman as soon as practical after their first visit and to submit such specimens to a laboratory approved by the State department of health for standard tests for syphilis; and

BE IT FURTHER RESOLVED that such laws should contain a provision requiring the inclusion in the birth certificate of a statement by the doctor or midwife delivering the child whether and when such blood test was made; and

BE IT STILL FURTHER RESOLVED that the operation of such laws should be preceded by the establishment of approved laboratory services, adequate appropriations to provide for these services, and provisions for professional and public information upon purposes and procedures.

*Premarital Law for Protecting Marriage Against  
the Spread of Syphilis*

WHEREAS the incidence of syphilis is highest in the age group from 15 to 30, also the age group within which most marriages take place; and

WHEREAS any step toward the prevention of syphilis within marriage would be of inestimable benefit to the institution of marriage and the preservation of the race;

THEREFORE, BE IT RESOLVED that as soon as a favorable public opinion has been created and proper laboratory facilities are available, all states should enact sound laws and provide adequate appropriations for their administration, requiring every applicant for a marriage license to submit to a clinical examination by a physician and to a serologic examination performed by a laboratory, approved by the State department of health, for evidence of syphilis, and to present to the licensing authority a certificate from such physician stating that, in his opinion, based on the results of such clinical and serologic examinations, the applicant is either not infected with syphilis or, if so infected, is not in a stage of the disease which is communicable to the marital partner.

One of the most important round-table discussions in Chicago centered about the growth and development of a practical program for the control of gonorrhea. The principles adopted were summed up along the following lines:

1. Education of the public regarding the prophylaxis, diagnosis and treatment of gonorrhea is recommended. The basis of such education should be equal to that employed against syphilis and similar educational means should be used.
2. Education of medical students, physicians, of nurses and other health workers regarding gonococcus infections should be undertaken by means of post-graduate courses, institutes and other appropriate methods. Such education should deal with modern methods of diagnosis, treatment, prevention and control.
3. As rapidly as possible the existing facilities and personnel for diagnosis, treatment and public health control of gonorrhea should be supplemented to provide for—
  - a. Diagnosis: (1) Expert microscopic examinations; (2) Culture service; (3) Consultation service.
  - b. Treatment: (1) Free drugs; (2) Beds for hospitalization; (3) Clinic services where needed; (4) Consultation service.
  - c. Public Health control: (1) Simple, adequate reports by physicians; (2) Adequate trained casefinding and caseholding service; (3) Quarantine procedures and facilities where needed; (4) Legal action against quacks; (5) Full vigorous educational programs.
4. It is important that existing facilities should be improved and brought to a high standard.
5. Laboratory and clinical research should be emphasized.
6. One or more demonstrations of medical control measures should be undertaken.
7. It is recommended that—
  - a. The United States Public Health Service promote and aid the adoption of adequate medical and public health measures for the control and prevention of gonococcal infections.
  - b. That state and city health authorities plan and carry out at the earliest possible moment adequate measures for the control and prevention of gonococcus infections.
  - c. That the American Social Hygiene Association and local societies continue and increase their educational activities to develop popular understanding and support of the above-mentioned measures for the control and prevention of gonococcus infections.
  - d. That the American Social Hygiene Association seek funds with which to aid research and demonstration projects having to do with the diagnosis, treatment and control of gonorrhea.
  - e. That health authorities utilize a portion of their local, state and federal venereal disease control funds to develop and encourage measures for the prevention and control of gonococcus infections.

## YOUTH NOTES

The Youth Service of the Houston Social Hygiene Association is one of the most active young peoples' groups in this field. It reports a great variety of projects carried on in the past and planned for the future.

Listed among its aims are (1) extension of social hygiene information to Houston youth, (2) creation of interest in legislation designed to prevent venereal diseases in marriage and parenthood, (3) disseminating public information regarding syphilis and gonorrhea, their cause and prevention, (4) supporting action toward the establishment of an adequate health program in the community.

Among the projects carried on to date this season:

The need for redecorating the Venereal Disease Clinic of Jefferson Davis Hospital was presented before the City Council. An estimate of the cost of this work was drawn up by a committee headed by Clyde Eslinger.

A section of Miss Mary Stewart's office was furnished and decorated by the Youth Service as a Reading Corner. Here literature on social hygiene is available to anyone who may wish to read it.

Programs have been planned for many youth groups in the community:

(1) First Christian Church course on "Marriage and the Home" started on February 7 and classes are to be held every Wednesday night for 11 weeks.

(2) Yates High School presented *The Select Few*, a play written by Miss D. A. Germany of Houston Negro College, on January 24.

(3) Three scenes of the play *Spirochete* were presented to members of the Social Welfare Conference which was held at the Y.W.C.A., September 28-29.

(4) During Social Hygiene Week, February 1, 2, 3, the Youth Service had an exhibit in the Chamber of Commerce Building and showed *With These Weapons*.

An Institute on March 16-17 under the direction of Mr. Bascom Johnson, of the A. S. H. A. staff, at the Y.W.C.A. The sections of the Institute covered the medical, legal and protective, and sex education phases of social hygiene. Plans for this Institute were drawn up at a Week-end Camp at Casa Del Mar on January 6-7.

Plans for the future include preparation of a radio script on quackery and drugstore treatment by Jack Hughes.

**Negro Colleges Consider Student Health.**—The Organization Committee of the First Regional Conference of Negro Student Health Workers met on January 12 under the sponsorship of the Atlanta School of Social Work to consider two problems: (1) A permanent organization of Negro colleges to promote student health activities and adequate student health programs. (2) The Second Regional Conference of Negro Student Health Workers.

In connection with plans for a permanent organization of Negro college health workers, a Subcommittee on Constitution was appointed. Members of this Committee are H. Councill Trenholm, chairman; William Bell and Dr. John Franklin. Suggestions as to the purpose of the organization, the officers, the establishment of an executive council, the membership, the dues, the formation of subsidiary state organizations, were presented to the Committee.

The Second Regional Conference of Student Health Workers is to be in Nashville, Tennessee, at Meharry Medical School on April 5-6. The program includes discussions of basic standards and procedures in student health and ways in which the physical education department, physicians and nurses of Negro colleges can cooperate in a student health program. The Youth Service of the American Social Hygiene Association is planning to provide pamphlet packages for distribution, books for display, posters, exhibits and films, and Professor M. A. Bigelow, A. S. H. A. Educational Consultant, will speak on *Sex Education at the College Level*.

Among those present at the Organization Committee meeting were Paul B. Cornely, M.D., Howard University Medical College, who was officially elected Chairman; H. C. Trenholm, Alabama State Teachers College; John Franklin, M.D., Prairie View State College; William Bell, Florida A. & M. College; Flemie Kittrell, M.D., Bennett College for Women; M. Luther Smith, M.D., Alcorn A. & M. College; M. J. Bent, M.D., Meharry Medical College; A. W. Dent, Flint Goodridge Hospital.

**New York Youth Leaders Confer.**—A series of conferences for youth group leaders was held at the Lower West Side District Health Center in New York City from November 6 to January 22. These sessions, under the direction of the District Health Committee (Dr. Leverett Bristol, Chairman; Dr. Max Bernstein, Health Officer; Mrs. Ora G. Weir, Field Secretary) were devoted to assisting youth leaders to understand the health problems of youth and helping them to solve these problems.

Besides the lectures, which covered physical defects, mental hygiene, venereal diseases, tuberculosis, sex education, preparation for marriage, and the responsibility of both the community and young people themselves to safeguard their health, the programs included the showing of slides and motion pictures, production of skits, and distribution of bibliographies. Suitable kits of publications were made up and distributed and exhibit material supplied by the Youth Service of the American Social Hygiene Association.

Two sessions of the Conference were turned over to the young people of the district and were supplemented by dancing, refreshments and a tour of the Health Center. On the final night of the course a prize was awarded for the best collection of fads and fallacies to be found in the field of health.

Some of the speakers were: Dr. Olga Knopf, Professor of Psychology, New York School of Social Research; Dr. Valeria H. Parker, Director, Bureau of Marriage Council; Dr. Theodore Rosenthal, Director, Bureau of Social Hygiene, Department of Health; Dr. Herbert R. Edwards, Director, Bureau of Tuberculosis, Department of Health; Dr. Jay B. Nash, Professor of Education, New York University; Dr. Foster Kennedy, Professor of Neurology, Cornell University Medical College, Director, Department of Neurology, Bellevue Hospital; Earl Gaudy, Instructor in Biology, Bronxville High School; and Charles E. Hendry, Director, Program and Personnel Training, Boys Clubs of America, Inc.

## IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

Of the 2,708 news stories, editorials, features, and syndicated articles which appeared in the newspapers throughout the country during January and February, perhaps the most widely-reprinted article was one by Howard Blakeslee, Science Editor of the *Associated Press*. Quoting a recent survey made by the American Social Hygiene Association on the prevalence of syphilis, Mr. Blakeslee says:

The large number of persons who do not know they have it is the most surprising thing about the newest study of the prevalence of syphilis among Americans.

The study is by the American Social Hygiene Association, Inc. It indicates 5 per cent of the people of the United States have this disease.

This report shows clearly the reasons for disputes among even medical men, who have held the figure to be as low as 2 per cent and higher than ten.

The figures are compiled from more than 200 separate studies, and cover 3 per cent of the whole population. One of these 200 is the young people applying for tests in compliance with premarital examination laws. In them the surprise of not knowing they have it appears most sharply.

The **NEA syndicate** picked up this article from the *Cleveland Plain Dealer* (January 21) and turned it over to Willis Thornton, staff writer. The outcome was the widely read editorial *Fighting An Old Taboo*, which has appeared in more than 200 newspapers.

Mr. Thornton has also recently written an excellent editorial called **Offensive Against Syphilis** which is being widely used.

National Social Hygiene Day on February 1 was the basis of more than 1,500 local news stories, editorials and features. State social hygiene societies were responsible for much of the newspaper space devoted to the national campaign. Among the publicity materials prepared by the Association's staff to promote Social Hygiene Day, the pressbook of prepared news stories, editorials, and features was used for stories appearing in 346 newspapers.

The *Minneapolis Star-Journal* printed a series of photographs in its Sunday Rotogravure section (February 4, 1940) on **How to Answer Your Child's Questions** with text based on the writings of Professor Maurice A. Bigelow, chairman of the National Education Committee of the American Social Hygiene Association.

Publicity for the **27th Annual Meeting** in Chicago under the direction of

Miss Jean B. Pinney, Associate Director, American Social Hygiene Association and Mrs. Florence S. Barris, Field Secretary of the **Central States Division**, brought local and national coverage in the newspapers, periodicals and over the air. Stories about the presentation of the William Freeman Snow award to General John J. Pershing are still appearing. . . . I also note a group of **syndicated articles** by Dr. Morris Fishbein on venereal disease quackery in newspapers from all parts of the country, as well as many articles praising Warner Brothers' new film, **Dr. Ehrlich's Magic Bullet**.

As Social Hygiene Day leaves the headlines, we notice many news stories from Indiana, Virginia, Pennsylvania and Kentucky about **premarital and prenatal examinations** for syphilis legislation. Virginia recently became the twentieth state to require premarital examinations. Kentucky makes the eighteenth to adopt prenatal examination requirements. . . . **Drug journals** and publications of the **state pharmaceutical associations** are cooperating in the publicity campaign against syphilis

by devoting space to the cooperative activities of the American Social Hygiene Association and the American Pharmaceutical Association. **Drug Topics**, edited by Dr. Robert L. Swain, carries news of developments in this campaign every week. . . . **How Social Hygiene Reached Out to Millions in 1939**, our streamlined annual report, went out to 2,000 newspapers and periodicals this month. Social Work Publicity Council has said of this report that it is "one of the most effective annual reports we have seen this year."

Meyer Both Company, a New York advertising service, is offering to newspapers and

periodicals, a series of mats and copy on syphilis.

Among our new publicity materials are a news mat of 12 scenes from the Association's film, **With These Weapons**, and an offset sheet, **What the Newspapers Say**, quoting 14 editorials which appeared in 1939. Still available is our cartoon strip mat, **Jerry Learns A Lesson**. These last-named materials are free to social hygiene societies and other groups, and are designed to help in your local publicity campaign. . . . The Association's Publicity Service will be glad to hear from you and to be of assistance in any way possible. Please write us.

## ANNOUNCEMENTS

**Last Month.**—The March *Anniversary Number* was a family affair, more or less, but has made many new friends for the Association. . . . We have reprints of Dr. Nathan B. Van Etten's article *The Challenge of Social Hygiene*. Pub. No. A-267. 10 cents.

**This Month.**—We welcome our colleagues the pharmacists to closer cooperation in the fight against quackery, and ask the aid of JOURNAL readers in seeing that this *Special Number on Quackery and Self-Treatment* keeps in circulation. . . . We shall have reprints of most of the articles.

**Next Month.**—May is the Family Month, with Child Health Day, Mother's Day, and Commencement and June weddings in the offing, and the May JOURNAL will be a *Family Number*. Contents include: *Human Hopes*, a talk about the family, by President Ray Lyman Wilbur . . . *Community Safeguards for Childhood and Youth*, by E. Marguerite Gane, who, as Executive Secretary of the Buffalo Children's Aid Society, knows whereof she speaks . . . *The Premarital Examination Laws in Operation*, by Mary S. Edwards, A.S.H.A. statistician, reporting on data collected from the 20 states having such laws . . . *The Five Day Treatment for Syphilis*, by Walter Clarke, M.D., A.S.H.A. Executive Director, and a member of the Committee on Intravenous Drip, which on April 12th announced the highly encouraging results of experiments with short-term treatment. *News items, Youth Notes, Publicity hints*, and the usual practical collection of material. 35 cents as usual.

**In June.**—Our *Eighth Annual Library Number* of the JOURNAL . . . *The Social Hygiene*

*Bookshelf for 1940, Classified Book Reviews*, special suggestions for librarians, and for individual and group cooperation with librarians.

**With These Weapons**, new A.S.H.A. one-reel educational film on the story of syphilis is a splendid success. Prints are now circulating in nearly all the States and in several provinces in Canada. *Our three-day approval plan will bring you a print for review if you have not yet seen it.*

### Shall We Make a Film on Gonorrhea?

**With These Weapons** was made by the A.S.H.A. at the request and with the cooperation of numerous groups who told us a short popular-style film on syphilis was the educational equipment they most needed. It is now suggested that we undertake production of a film similar in style for popular education regarding gonococcal infections. We need your advice on this question. Please tell us:

1. Do you believe such a film is needed? .....
  2. Will you help to underwrite the cost by placing advance order for a print? .....
- (with the understanding, of course, that the production will meet your approval when completed. Price will be about \$50 for 16 mm., \$75 for 35 mm.)

# Journal of Social Hygiene

Family Number



TRAIN YOUTH FOR FAMILY LIFE

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Fifth National Social Hygiene Day  
February 5, 1941

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

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50 WEST FIFTIETH STREET, NEW YORK CITY

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ROBERT PHILIPP ranks high among American contemporary artists. One of his paintings recently was awarded the Silver Medal and Clark Prize of the Corcoran Art Gallery in Washington. Other awards won by Mr. Philipp include the Second Hallgarten Prize, National Academy of Design, 1922; First Prize and Logan Medal, Art Institute of Chicago, 1936; and the First Honorable Mention, Carnegie Institute, International Exhibition of Paintings, 1937.

### "The Family"

Painted by Robert Philipp for E. R. Squibb and Sons, through whose courtesy this reproduction appears here

## Children in a Democracy

Somewhere within these United States, within the past few years, was born a child who will be elected in 1980 to the most responsible office in the world, whose incumbent lives here, in the White House. We cannot guess his name or whereabouts. He may come from any place and from any social or economic group. He may now be in the home of one of the soft-coal miners, or in the family of a sharecropper, or quite possibly in the home of one of the unemployed, or in a family migrating from the Dust Bowl, or in a college professor's family, or he may be surrounded with every facility, convenience, and protection which money can buy. Very likely his home is on a farm. Even Dr. Gallup with his polls can give us no light on this problem.

If we could unroll the scroll of the future enough to read his name and whereabouts, how many things we would wish to have done for him, how carefully we would wish to guard his health, his surroundings, his education, his associates, his travels, his ambitions—and what a gorgeous mess we almost certainly would make of it. Could we be wise enough, by any chance, when we crossed the threshold of his home, to salute not the child but his parents and say, "This job is of immeasurable importance, but it is yours—none of us can take your place, but let us help you in every way in which you need help. We will provide for you the needful things which are beyond your reach."

Since we cannot know his name or address, we have only one opportunity to see that the President of 1980 will be prepared for his job. We must decide what are the major needs of all children who are to become useful, competent, public-spirited citizens. We must, most seriously and without delay, see that all the needful steps are taken to make these minimum provisions available for all the children of the United States—for every last one.

That will be no waste of effort. If reasonable and practicable measures for the protection, education, and civic development of all children are taken, we will have included several other Presidents to be elected shortly before or after 1980, several hundred governors of our 48 States, several thousand mayors of our 3,000 cities, and tens of thousands of legislators of cities, States, and Nation; as well as scores of millions of citizens who will select and elect the men and women who are to fill these thousands of responsible posts. They will set the tone of American public life, will determine how well democratic government in America can and will serve the needs of its citizens.

HOMER FOLKS,

*speaking at the Fourth White  
House Conference on Children.*

# Journal of Social Hygiene

VOL. 26

MAY, 1940

NO. 5

## Family Number



## HUMAN HOPE<sup>\*</sup>

### A TALK ABOUT THE FAMILY

RAY LYMAN WILBUB

*President, Stanford University, and President, American Social Hygiene Association*

Commencement is a family exercise. If it were not for their fathers, mothers, brothers and sisters and all of the other relations we would probably mail our diplomas to our graduates and suggest to them to leave quietly and quickly to make room for those to follow.

No other part of the life of the University is shared in to the same extent as is Commencement by those who are not students but who make up the background from which our students come. This is as it should be, for each family has joined in on the struggle that finds its mark of award today in a diploma. From the first days at primary school the family has made sacrifices, given encouragement, and helped in the planning that is a part of the education which we are giving to more and more of our youth for a longer and longer time.

<sup>\*</sup> Commencement Address, Stanford University, June 18, 1939.

It all gets back to the biological fact that it takes years to develop a mature human being and that man has ideals and hopes that distinguish him from all other living creatures.

In one way or in another here in America our youth require these longer periods of training in order to fit into the life around them. When we were primarily an agricultural people both boys and girls were absorbed into the life of the family and the community even before they reached what we call the age of majority. During most of the history of our country the family has been the predominant social unit. We now see the movement forward of the community absorbing many of the responsibilities that for so long belonged to the family. To me the most outstanding social problem of the present time is this relationship of the family to the community and then that of the smaller community to the larger governmental units such as the state and nation.

We can over-organize and over-centralize to gain certain objects, and yet be more susceptible to destruction than we are in a more individualized society.

As more and more of our population have become centralized in large urban areas with the industrialization of many of our joint activities, the position of the family has apparently become of less importance. Can we as living beings with certain specific attributes given to us by Nature allow the family and its importance to diminish? Are we not thereby in danger of losing even our position as the leading and controlling animals on this earth?

The geologists have given us the records of many thousands of extinct forms of life that failed to meet changing conditions or to survive in the competition or to have the intelligence to maintain themselves. Masses of living units can go to easy mass destruction. There is no leadership in the mass as such. The intellectual leadership provided by a comparatively few human beings has undoubtedly been the responsible factor in spreading us all over this world of ours and giving us more and more control of all of its resources including the control and handling of living organisms, both plant and animal.

We are all of us familiar with some of the birds in our neighborhood. We can hardly think of the bird without being reminded of the bird's nest and of the relationship of this bird's home to parents and the care of the young. What it is that goes on in the brains of the orioles as they build their hanging nests beneath the palm leaves or attach them to the branches of trees it would be hard to say, but certainly there could be no finer example of the acceptance of family responsibilities including the bringing up of the young to maturity. The birds with their habits of migration and their devotion to family life have a living record extending far back into the earth's history.

In so far as we know the record, the human family has ordinarily taken over without question the full care of its immature members until they were able to assist in the support of the family and eventually to care for themselves. In the oldest existing civilization—that of China—the family has had a pre-eminent place. Ancestor worship has played its part in holding together the units of which the family is the base. Whatever may be our interpretation, we cannot deny that the importance of the family has gone alongside of the oldest existing civilization, holding it together on the same spot for at least 4,000 years. E-Yin, the Chief Minister of the first four sovereigns of the Shang dynasty, in B.C. 1539 in advising King T'ae-Keah, said, "The commencement is in the family and State; the consummation in the Empire." No matter what developments have taken place there in what we know as government, with the increase in population and the widening of the territory occupied, the family relationships were not materially disturbed. A prominent Chinese in indicating the difficulties faced in a changing China with participating citizenship said he was brought up by his father to consider it a disgrace to have any relationship to government except on the day when he went to pay his taxes.

Now in China, and certainly with us, we find the community covering many of the responsibilities formerly handled at the fireside. Some of these community responsibilities have been the result of voluntary associations, but more and more the government is stepping in and providing facilities for education, health, recreation, et cetera, or determining wages, hours of labor, and various economic conditions. All sorts of fantastic propositions have arisen in all parts of the world to replace or hamper the family unit. The community care of infants instead of the home care, easy laws or customs regarding marriage, divorce, inheritance, have seemed attractive to some, particularly to those who are inclined to dodge the responsibilities of their own personal activities in life. It seems, though, as if the more we try to pass over the normal responsibilities of the family control to others, the more ineffective and unhappy become our lives. Apparently there is no way to avoid the role of affection in life and of the relationship of affection in the family circle to happiness.

The very choicest of all our human possessions are in and about the family home. In it there is a sense of creation, as well as of trusteeship of all that our race has of social heritage. The parent desires to enhance what we have and to offer the child more than he himself has had in training, in protection and in comfort. There can be no substitute for this in any artificial creation of our civilization. Ideals, standards, visions, hopes, absorbed from the mother or developed with the father as the symbol of the world outside, become predominating in the child's thought patterns. Religion has long had its greatest vitality in and about the home.

In spite of these serious if not critical relationships of the family, this present period in American social and economic life is one of change and conflict, of momentous decisions without adequate or

often even casual study of the factors involved, insofar as they concern the family. Women are leaving the home by the tens of millions over much of the day. The psychological factors for children of a home without a mother are giving concern to those who see the constantly rising burden of public institutions for mental cases. In some parts of the world so-called "progress" is being associated with a destruction of the present moral beliefs and the substitution of new concepts attacking the family and putting all authority in the hands of the People as organized into an over-dominating government or state to determine what is right or wrong.

We have seen the enormous extension of human comforts through invention and discovery. We have used the natural resources of the earth together with the discovery by the human mind of the laws of nature to build up an intricate but absorbingly interesting matrix of which we are so proud and in which we try to live with full satisfaction. But our literature, even our daily press, is filled with doubts and questions. We are rediscovering ethical and moral questions that from the standpoint of most happiness to an individual with conscience seem to have been settled many centuries ago. Religion has taken a different form with many peoples. One cannot help but ask what are our real human hopes? In what do we really get satisfaction? What is worth while? Where does the human race want to go? What are its aims? What is our destination?

We have displayed a sense of mastery of the world about us, or of aggressiveness, which has had the most to do with our so-called attainments. We treat the plants and animals about us as subjects entirely under our control. Considering ourselves the most precious of all living things we have manipulated as we pleased the lives of our domestic animals. We have also decided what other living things we favor and those we disfavor and have acted accordingly. In other words, the manipulation of life by us is one of our great human resources.

Yet we as human beings have the same biological susceptibility as do those animals which we control. There are biological limits beyond which we are unable to go. We are now finding ourselves facing some of these limits for ourselves. In our own country our population experts tell us that before long we will have a stationary population. There will be fewer children and more old people. We are already in the midst of some of the difficulties associated with these questions here in California. Except for the constant migration of others into our State we would not be able to maintain our population even at present levels. Our birth rate is falling rather than rising. In hundreds of ways we are finding ourselves discussing and thinking in new terms that have to do with human breeding. Our economists, particularly our agricultural economists, as they look ahead are considering these questions with real concern.

We have just come through a century of wide expansion of educational opportunities. We certainly can view the five or six decades

just passed as the Age of Education. It seems evident now that the decades just ahead will be known as the Age of Medicine. We have just discovered how much it is possible to obtain in the way of physical comfort and health through our knowledge of the actions of the human body both when it is well and when it is diseased or when it is invaded by the living organisms causing disease. We are discovering every day new procedures that give us relief from pain, give us longer years, make us more effective as human beings. There is a great stir in our social life in order to get a better distribution of medical care. Undoubtedly within the next two decades we will see a distribution of good medical care in this country to all classes of people that is beyond our present conception. We can see, too, the practical elimination of most of the infectious diseases that have given us the greatest concern in the years gone by and have cut deepest into the family by the destruction of the lives of the young or by giving them physical handicaps of one sort or another. Most of our people have not yet taken full advantage of what we know in the field of medicine.

But there are perils, too, in connection with the application of some of our new knowledge. We can destroy the family as well as build it up by the use of what we have learned in the field of medicine. No greater facility has ever been given the human race than has been made available through modern science and medicine; but certain things cannot be avoided, no matter what skills and knowledge may be developing. We cannot avoid the long period of immaturity for human beings, for instance. Apparently we cannot avoid the further development of a great economic civilization which demands better training and more maturity for those who take part in its activities. We are left then with the fact that we must take care of our youth at least up to the age of twenty or twenty-one in some way that will give them both protection and development. Modern medicine is saving many whose weaknesses or defects would not have permitted survival in the past. Those persons of large income, long professional training and highly developed skills are having the smallest families. Trained and disciplined brains are not replacing themselves at a sufficient rate to keep intelligence in control of human affairs. If we were raising domestic animals for slaughter, just as some nations seem to be raising boys for war, we could drift along with these problems in the hope that some sort of an answer would eventually evolve.

But it seems to me that history teaches us that there is no substitute for the family if we are to have a society that stands for human beings at their best. If our hopes are only those of comfort and health the problem would be comparatively easy; but since practically all human beings are born with what we know as conscience, and all of us have something else that we call ideals, our human hopes are not going to be satisfied by material comforts alone. There is another element that is a part of human happiness,—and that is that unless we think of others and do something for them we miss the greatest sources of happiness. It is in the family that these

qualities are most apt to be developed. The prayers of the parents have in them the things that are hoped for for their children. Only through ideals and the desire to work and live for children can we expect to have citizens who will hold together a civilization worthy of permanence. Our advances have come not through numbers,—no matter how much we may worship the God of Numbers at the polls with majority votes. Our advances have been made by some individuals whose physical and mental qualities were such that they saw new ways of doing old things and had a sense of leadership that forced them to work far beyond their own physical needs. It is in the University that we are trying to bring together those of this type and to give them the fullest possible opportunity for advancement.

If we think in terms of numbers alone, and not of the quality of the individual, unconsciously we are likely to overemphasize the rise of power through violence, and not the extension of our civilization through persuasion and education. The rise of power through violence, based on numbers, is a vast menace to the world of today. Those handling such power view the family merely as a source of supply for those units necessary for the purposes of the State. The spread of this mass gangsterism is now one of the most serious threats to the life of the family,—which is another way of saying that it is one of the ways in which human beings can destroy themselves and their own institutions. With multiple family units coming together to make up a community or a civilization or a government there is safety; but when we have a nation that, regardless of these units, depends upon what goes on within one brain the path to ruin has already been taken. In the family there is the inevitable recognition of the rights of others; there is the inevitable development of moral conscience; and there is the beneficent presence of affection as well as those human hopes that dwell always in the hearts of parents to create an atmosphere that is conducive to what we speak of as democracy in thinking, in government, or in our relations to each other.

Besides this major menace to the family that comes through gangster government and war, there is the steady encroachment of the community of which I have already spoken. The modern industrial community is making domesticated or menagerie animals out of human beings. Our domestication or confinement of animals has not always been conducive to their vigor nor to an increase in their numbers. We all know the difference between hot-house plants and those hardy plants that have met with the vicissitudes of sunshine and shadow, storm and drought. We may live to pay a heavy price for our comforts,—for such things as air-conditioning, rubber tires, and sterilized foods. There are so many subtle factors of nutrition and of other conditions that have to do with reproduction that we may well find that there is no stopping the present tendency to have more and more American boys and girls born on the farms of the South and fewer and fewer born in our large cities. Perhaps in the long run this is better so, since there is more likelihood of the family



atmosphere surrounding a country child than one born in a human hot-house such as many of our great cities certainly have become. Our endurance as living units will depend upon the toughness of our brains and bodies. If they are not good and resistant, other human beings or other forms of life will eventually win out in that struggle which we see about us at all times.

Among all of the anchors that hold the human race steady certainly the family is the one of outstanding significance. We must not be afraid to review just what is happening about us. We must be alert to protect the family, to encourage our young people to have families. Early marriages are important if the family is to be important. Certain fallacious social conceptions that are often prevalent among us need to be reviewed. There is no reason why we should expect a young man to maintain his bride at the economic level reached by her father in his full maturity. The dowry system or some modification of it, by which the parents through gifts assisted the young couple, has done much in many parts of the world to hold up the family. Various forms of insurance, including health protection, can and will do much to make early marriages possible. It is good for the family to have simple beginnings. Experience shows that the family is the greatest source of happiness and strength for the human race. We cannot avoid knowing, though, that there has been a weakening of the bonds holding the family together. This is perhaps inevitable with our changing conceptions, but it is nevertheless vital that we study all of the factors involved. Or we may pay too heavy a price, before we even realize it. Some obvious things we know are detrimental. Disloyalty, drunkenness, gambling and venereal disease never mix well with the family. Our human hopes center in a happy, wholesome, normal family circle. The applications of science must open opportunity to a higher moral life if we are to get a real culture. We can have hopes for a great and happy future if all of science, not just a part, is used to build up the human being at his best—as we find him in the family.



FAMILY EXAMPLE AND DISCUSSION  
HELP BUILD CHARACTER IN YOUTH

## COMMUNITY SAFEGUARDS IN THE PROTECTION OF CHILDHOOD AND YOUTH \*

E. MARGUERITE GANE

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At present there is a bill pending in the New York Legislature which would prohibit the sale of knives which open automatically to children under sixteen. The purpose of this bill obviously is to protect from possible injury children who may not know how or could not be trusted to handle a knife carefully. There are many laws of this type the purpose of which is to regulate or safeguard the bodies, the minds and the activities of persons who have not reached the level of maturity at which they may be expected to need no more protection than that enjoyed by the general adult population.

Part of this law dates back seventy-five years and springs from a fundamental purpose to protect children from exploitation and temptation. Unfortunately there still are areas in which children and youth are exploited. I propose to list some of these areas—those which come to the attention of a child protection society. I shall try to pass on to you what they seem to indicate as to where the responsibility lies for the creation and treatment of the problems involved.



Whenever adults organize to circumvent the law for the purpose of making money, young people are caught inevitably in the meshes, sometimes directly and sometimes indirectly. The marathon dance and other endurance contests focus upon the youth themselves and bring in their wake moral and physical hazards of no mean size. But

\* A paper given at the Social Hygiene Institute, National Conference of Social Work, Buffalo, N. Y., June 16, 1939.

the originators of the slot machines certainly could not have expected much profit from the so-called "kid trade", although there are store-keepers who permit the high school children to play them. Millions of children witness regularly moving pictures which are specifically planned to excite the emotions of adults, for the reason that the producers believe what the grown-up people want most to see is sex appeal. Bootlegging, the illegal sale of liquor, the sale of salacious literature, street carnivals, violation of the entertainment laws, the sale of drugs, the unlawful sale of fire-arms, gambling, and the many ramifications of the prostitution racket, with its close connection with the saloon-taverns, taxi-dance halls, dine-and-dance places, aim primarily to get money—not from youngsters, but from the grown-up "suckers". It is tragic but true that younger and younger people are becoming involved, not only as patrons but as bait. To quote a manager of a cafe: "I had to do something more to get the kid trade. That's important even if it is pretzels in the way of dough. You can't figure money in big amounts any more. Kids don't know how to stall with their drinks and you can shove more on them. Maybe that means your night's profit." A news-dealer told one of our workers about the large sale of objectionable novelties and cartoon booklets to high school children, and young men and girls, saying "the kids go crazy over it."

Probably many persons wonder what contact a children's society has with these problems, and in citing some experiences we shall divide them into those referring to conditions in which more than one child was involved, and those referring to an individual child whose difficulties reveal deplorable conditions.

A. A total of 128 complaints during the past year involving conditions in Buffalo and eleven towns in Erie County, have come to us from the parent-teacher associations, school principals and others, and anonymously. They have included such problems as

1. The renting of rooms to school children who formed a club to carry on activities of a questionable nature.
2. Children selling liquor in taverns. (We have been instrumental in having the law passed which forbids the employment of children under eighteen in places where liquor is sold).
3. The use of children as waitresses, hostesses and entertainers in taverns.
4. Pregnancies occurring as a result of the visit to town of a summer carnival.
5. The receipt of salacious literature sent through the mail to a high school girl.
6. Boys employed late at night setting pins in a bowling alley.
7. The misuse of a local skating rink where liquor was being sold on the side to minors.
8. Junk dealers purchasing stolen material from juveniles.
9. Several complaints involving gambling by minors.
10. Several alleged sales of alcoholic beverages to minors.
11. The existence of a soda bar, patronized by high school students, reported to be operated in connection with a secret cellar clubroom which was available for immoral purposes.

12. A slot machine containing contraceptives in the toilet room of a dine-and-dance place patronized by a young crowd.
13. The sale of habit-forming drugs to children.
14. The exposure of young boys employed as messengers and bell-boys to precarious situations which test their wits and their characters.
15. The custody of children found by the police in raids on houses of prostitution. They are usually the children of practising inmates. For years we have searched from Maine to California for reliable relatives to whom such children might be sent to be properly cared for.

Each of these problems involved situations which were thought by someone in the community to indicate the need for further protection for the young.

B. The following are cases of individual children involved in some way in situations such as those given above:

1. The illegal employment of a child in a burlesque theatre.
2. The boy who found part-time work setting up pins in a bowling alley lied about his age and got in with a crowd older than he, who planned burglaries and used him as a tool. He got caught swiping a radio. The other boys got away.
3. The adoptive mother of a child placed in our care told fortunes, hypnotized and performed abortions for \$15 apiece. She treated people for venereal disease and acted as a procurer. Sent to the penitentiary she claimed she was pregnant. Her husband paid a \$500 fine for her and she was allowed to be sent to the obstetrical ward of a hospital. She absconded and kept two girls in her home as prostitutes. She took the child of an unmarried mother to bring up. Many of these older women, childless, go to extreme lengths to secure children to bring up as their own, which indicates that their experiences fail to give them normal emotional satisfactions.
4. One of our boys formerly had to buy marihuana cigarettes for his mother, and to help his father dispose of stolen goods.
5. The prostitute mother of another boy introduced him at eighteen to undesirable girls and gave him beer and gin, instructed him in the language of the streets and gave him pass-words for certain apartments with information about a quack doctor who would help him if he or his friends got into trouble.
6. We have just assisted in the commitment to a State School of a feeble-minded white unmarried mother who was soliciting on the streets. She was diseased.
7. Another recent case involved a 15-year-old girl who went to California with a man in an automobile. Because she got tired of his coarse language she hitch-hiked home to Buffalo.
8. Two weeks ago a letter from Canada asked us to interview a girl at a certain address in order to find out why she had ceased to send money for board of her five-year-old child, born out-of-wedlock. The address was known to the police and us as that of a house formerly used as a house of prostitution, but at present closed. The girl's whereabouts remain unknown.
9. A high school boy 14, was referred to us because he had assaulted his little sister. His father, who owned a drug store, deliberately sent the boy to deliver packages to houses of prostitution, saying he had to learn what life was all about some time.

These examples are given to illustrate the run of the mill problems of a children's agency and to show how the problems of children

reflect, as in a mirror, what is going on in the community. There is a danger in getting so emotional about these things that we act unwisely. Shock always precludes intelligent approach to the treatment of any situation. We must keep in mind that along with these problems go the quarreling of parents, feeble-mindedness, insanity in one form or another and broken homes. But always there are elements of encouragement, of understanding, of loyalty, and of affection. These are positive factors which add up on the credit side of the ledger. I say this because everybody is reading a best-seller which packs into 400 pages a collection of police records from a wide area, over a period of years. It would have us believe that a sudden avalanche of vultures is swooping down on our youth. The problem is not so simple as that. We must be careful to be realistic, but we must not credit a distorted picture of our youth or of the defects of our community. The facts, distorted and misread may be as dangerous as was the old attitude toward sin, the bad girl and punishment. Neither way of looking at today's problems points to a real understanding of the existing conditions or helps in their correction.

The problem of exploitation of youth by predatory forces cannot be completely solved by regulation or extinction any more than can the fire hazard to a city be eliminated by a modernly equipped fire apparatus. It is only thru the preventive measures of experts who concern themselves with the construction of fire-proof buildings, that results are obtained. It is preventive measures that we need most for protection of youth. With the greatest vigilance on the part of the police there may still continue to exist vice and racketeering in some forms, so long as there are willing victims and condoning patrons.



ENCOURAGE BOY AND GIRL FRIENDSHIPS

My major interest is in the youthful participants, so first let us get a picture of our young people, focused against the background of their daily life. There are in the United States today over twenty million persons between the ages of 16 and 24. Eighty per cent of them live in, or within an hour of, cities of 50,000 or over. They have not been securing a proportionate share of the available jobs. There is a long period after they leave school before many of them secure any employment. One-third of the nation's unemployed are in this age group. What are they thinking about, and more important, how are they feeling about things? We know that this is definitely an experimental period in their lives, during which they begin to make their own decisions and when their interest is directed inevitably toward boy and girl relationships and marriage. We know that this

is an age when they discover within themselves intense emotions. They are confused by their own power and by temptation. They are pliable, easily moulded by the forces about them. The desire for new experiences, adventure and excitement—an urge to try out their own powers—it as natural as breathing. Fortunately for society as a whole, as well as for themselves, most of these young people have backgrounds of family life of the quality which furnishes a foundation, a buffer, or a shock-absorber, so that when “the emotional, intellectual and moral turmoil is over, the young man or woman settles down in the middle twenties, into a reliable, stable condition of mature life; that is if he or she succeeds in actually growing up.”

Those who form a smaller group, and in the main, a group which does not have sound family life to fall back on, work out their problems in logical, but less desirable ways. They are faced with the impossibility of securing immediate economic independence, and their plans for marriage have to be postponed indefinitely. Great tension results, usually accompanied by a desire to get away from home, especially if there are unhappy and unsatisfied adult relationships in the home.

It is this group that furnishes the source material for our behavior problems—all the way from juvenile delinquency to vice and crime. A study of 150 delinquents who were committed to the foster homes of our agency by the Children's Court, gives the following information.

About 48 per cent came from families on relief.

Twenty-seven per cent came from families with sub-marginal incomes.

The mothers of more than half of them had delinquency records, while two-thirds had fathers with delinquency records.

Thirty-three of the 150 each had a parent who had been diagnosed as neurotic or psychotic, while 7 had a feeble-minded parent. In the homes of 98 of the 150 children, there was quarrelling and intense friction between the parents. The parents of 68 were emotionally unstable. One-fifth were from homes broken by death; the parents of half of them were separated or divorced. Eleven per cent were illegitimate children. More than half of the children had never been wanted by their parents. Thus we have behind the delinquent child a formidable array of such factors of neglect as economic deprivation, anti-social or unloving parents, unstable or incomplete homes and abnormal social settings. Each of these children felt rejected, insecure or inferior. Because of their family backgrounds they had a deep resentment toward authority. They lacked loyalty or had a conflict of loyalties. They had identified themselves with destructive social forces.

Only 13 of them had not attended church and Sunday School. All but 30 were normal or better than normal in their mental capacity, and only two were feeble-minded. Three-quarters of them hated school and played truant, and more than half of them were in grades below those in which they should have been. Most of them had had decent, wholesome recreational opportunities. Many were skilled in some sport, many loved to read good books. Very few were excessive in their attendance at the movies. The bad influences to which they had been subjected were generated back in their homes; many showed good judgment in wanting to leave. Unfortunately they chose an anti-social vehicle on which to ride out of their misfortunes.

From our experiences with the girls who follow the trade of prostitution and their men co-workers, we are convinced that the

beginnings of their irregular behavior lie in unsatisfying relationships within their homes. In the pamphlet of the American Social Hygiene Association,\* which is an excellent summary of the social worker's position in relationship to this whole problem, danger number one is listed as "undermining the integrity of the home". In my estimation if the integrity of the home were not already undermined, there would be few girls in their teens in houses of prostitution. The problem is similar to that of disease. We are told that the germs of pneumonia, tuberculosis and other diseases are about us or in our throats most of the time. They make little trouble for us unless our resistance is low. The activities of the under-world are always, to some extent, at our elbows, and today the resistance level of family life is very low.

To repeat, we find that the beginner in prostitution is almost always a girl whose affections are caught. If a girl is not wanted and loved by someone in the home; does not get the security that comes from "belonging"; does not find opportunity for wholesome self-expression and achievement; does not live with decent people whom she can respect and pattern after, she will seek affection and security where she thinks she can find them. She may run away from home, after a quarrel, and tell a sad tale to the bus-driver, or the curb-cruiser who pities her and offers to get her a room in a hotel. Suddenly she realizes her importance to someone. In sex intercourse she has her first experience in being wanted. She gets hold of cheap literature which over-emphasizes the importance of the emotions and the attractiveness of adventure. There is a certain amount of romance in all this, which is a real element in the whole picture. A natural urge for, and curiosity about, sex and the way grown-ups behave, furnishes unconscious as well as conscious motivations, so that a conflict arises between the sense of guilt and the emotions which are not yet under control of the will. The girls get hard, the boys get bitter, only after they have been disillusioned and then they find it almost impossible to retrace their steps. Men who patronize houses of prostitution are usually several years older than are the girls they patronize, which adds to their feeling of importance. Many such men come from higher social levels; they are men whom these girls could never meet or attract in any other way. There are real attractions in the prostitute's life. Although the cost is great, it is at first paid in easy installments.

What are we going to do about it? When the home itself breaks down we turn to the church for help. In the past the church has seemed more interested in combatting, than in competing with, the undesirable elements of society. But the pliable adolescent is just as open to influence by the churches as by the commercial interests. If the good life cannot be made attractive, the future is indeed dark. We sometimes wonder if the church has not side-tracked the real problems of youth in narrowing its emphasis to a small portion of the experiences of youth. In *Christianity and Mental Health*, issued recently by the Federal Council of Churches, we find this statement

\* *A Protective Measures Program*, by Henrietta Additon.

in regard to the church's interest in the problems of young people. "To hold up dancing and card-playing as major sins is spiritual shadow-boxing—neurotic perfectionism." I agree. The church must make appeals to the emotions as well as to the minds of young people, not alone to emotions of fear and guilt, but the positive emotions of courage and pride.



BOYS AND GIRLS LEARN TO  
WORK AND PLAY TOGETHER

Something is wrong when, year after year, the young people of a city cry for a place to dance where they don't have to buy liquor. With considerable unhappiness at home, with no jobs, with many of their families on relief, living in over-crowded quarters which violate privacy, they, of course, have normal urges which they satisfy as they can. We know the susceptibility of youth to alcohol, we know how easy is the stepping across with the feeling of guilt which results. Then bravado is necessary and off they go thru doors open to welcome the adult patrons but which do not close to them. We must not forget what Dr. Seabury says "that the sex impulse may involve the solace for injured pride, loneliness seeking adventure, excitement, play, or commonly, a rebellion at an unadjusted environment." We must not forget the futility of suppression and punishment.

In respect to prostitution we look to the law enforcement agencies to invoke the law to safeguard our youth. Almost daily there are arrests made, evidence submitted to the courts, fines paid, and sentences pronounced, yet the business gets bigger and the forms it takes more degenerate and sadistic. Prostitution as a trade now frequently includes forms of perversion. Furthermore, it not only has its regular personnel but involves property owners, physicians, bondsmen and lawyers who are specialists in the business. Mr. Average Citizen is ignorant of this phase of community life, or he is afraid of it, yet he is the only one, in the long run, who can clean it up. The invisible veil which separates respectability from the so-called "under-world" is only a mirage and does not make a real separation at all. The 17-year-old boy who goes out of a hotel dance hall, drunk at three o'clock in the morning and into the arms of a taxi-driver go-between may just as well be the adolescent son of a first family as the son of a criminal. The common denominator for the first family and the criminal is the fact that either son may find himself coming out of a hotel drunk at three o'clock in the morning. We must not expect the adolescents who have been weak enough to be led into such a life, and the men and women whose own lives have forced them into their part in it as a business to wish or be able to unravel this most complicated snarl.



The social agencies must plan an increasingly active part. It is not up to them to police the community. That is a governmental job. It is the function of a private agency, however, to try to understand the significance of occasional violations, and to recognize the broader implications in the individual cases with which it comes in contact in its routine work. The private agency must appreciate the importance of reporting its findings to the proper law enforcement agencies; it must participate, when needed, in the correction of conditions detrimental to the welfare of youth; and, lastly, it must place squarely on the shoulders of the community itself that part of the responsibility which belongs there. The law enforcement agencies should have the backing of a lay group of intelligent citizens who keep informed of conditions and back the public officials in the fulfillment of their duties. Any citizens' committee which has studied this problem admits the futility and the injustice of stopping with the arresting of the girls. Only the enforcement of a padlock law which makes the business unprofitable for the owners of the property and the continued attack upon unscrupulous doctors and lawyers who circumvent the law can accomplish real results. Only thru the development of a real and a close relationship between the right kind of citizen and the law enforcement agencies, which include the district attorneys, courts and the health departments, can progress be made. Spasmodic clean-up campaigns which only punish the girls are futile and cause the real violators but slight inconvenience.



"Youth needs to know the significance of such important relationships as comradeship, friendship, mate choice, love, courtship and engagement and something of the variety of adjustments involved in mating. They need to know the differences that make adjustments necessary, differences in function, in emotional response, in social training, why they feel and think and act differently. They need much experience in being together and in working, playing, planning and achieving together. They need to know much about the family, so that through its medium they can express their own personalities and can better them in their children. They need to know enough of eugenics so that their children may not suffer physical handicaps, enough of child-bearing and child-rearing so that these children may fare most advantageously. Boys and girls need much experience together in fair play, self-control, unselfishness, teamwork, sharing, loyalty, seeing the job through, being at one's best and bringing out the best in the other—all of them qualities much demanded in successful marriage.

"What they want from us, their parents, is honest well-informed answers to their questions; sound interpretations of sex conduct and sane guidance for their problems. And because they are our children, imbued with our ideals and facing life with integrity of purpose, they are entitled to the best we have."

NEWELL W. EDSON.

## THE STORY AND THE MORAL

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of Health of Kentucky*

Louisville is justly proud of its leadership, among cities of comparable size in the United States, in the nation-wide campaign to bring syphilis under control. What it has accomplished in this regard within the past two years constitutes a brilliant achievement, for which credit, in unstinted measure, is due to both the health authorities and the municipal officials. In the last analysis, however, the results accomplished would have been impossible without an awakened and awakening citizenship. Health authorities are, in the very nature of the case, largely dependent upon public opinion and law enforcement officials for the measure of their success in handling public health problems. By the same analogy, the character of the officials chosen to make and administer laws is, in great measure, determined by the intelligence and attitude of the voters charged with their selection. Best results can be obtained only when the three work together, actively and whole-heartedly, for the protection and promotion of the public welfare.

This is what has happened in Louisville's campaign to reduce vice within its limits to an irreducible minimum. The story of the origin and the progress of that campaign may be told in comparatively few words. It is the story of public officials recognizing and doing their duty in the light of the facts confronting them.

For years Louisville has been known as a wide open town. Vice, in many forms, was rampant. The red-light district was notoriously conspicuous and prostitutes walked the streets openly, soliciting without let or hindrance. Illegal bookmaking flourished. Salacious literature was openly offered for sale on street stands. Theaters offering shows going far beyond the suggestive were permitted to operate

without interference. Anybody and everybody having eyes to see saw these conditions, but little or nothing was done by anybody to correct them.

Safety and health go together. They are closely kin to morals, too. So, when the Director of Safety, Colonel Sam McMeekin, and the Director and Assistant Director of Health, Dr. Hugh R. Leavell and Dr. Gradie Rowntree, inaugurated a clean-up of vice in Louisville and established a clinic for the treatment of venereally diseased persons the number of new cases of such diseases began to diminish.

One afternoon in June, 1936, a Louisville business man was on his way to the depot to meet a son who was returning home from college. To avoid traffic, he drove through a section of the city where vice had become so well established that it did not hesitate to flaunt itself in the face of any passing citizen. This business man was so amazed by the vileness of the conditions observed that he made it a point to call on the Mayor the following day. The Mayor was an honest man and a clean one. He realized the seriousness of the vice problem in Louisville, but hadn't had time to study the situation with the view to ascertaining the true facts and seeking a solution. Moreover, he had been advised that a segregated district was the best way of handling the prostitution problem.

Whereupon a committee was formed to ascertain the true facts as to vice conditions in Louisville and to study the various methods employed in other cities for handling the vice problem. This committee, whose composition was kept secret and whose findings were withheld from the public until sufficiently complete to constitute a true picture of the situation in Louisville, expended two years in collecting factual data and studying the comparative results of the different methods of dealing with vice conditions. It was not until the spring of 1938 that the committee's report was laid before the city administration, which had in the meantime been changed.

The new Mayor at once became deeply interested, but the Director of Public Safety was at first somewhat lukewarm, holding to the old idea that a segregated district, properly policed, offered the most effective means of handling the prostitution situation. Being honest and conscientious, however, he made a careful study of the facts presented in the committee's report and from this study soon became convinced that the city had been tackling the problem from the wrong angle. Right then, the crusade to abate vice conditions in Louisville began and has been prosecuted with unabated vigor ever since.

There was no "reform ticket" in Louisville's clean up. There were no denunciatory speeches—no articles in newspapers "exposing corruption." In fact, there were no speeches and no newspaper articles. The same party was in power. There was no "pressure" from without.

The policy pursued was at first one of gradual repression. Solicitation in shopping districts was stopped; "walk-in" signs came down;

women were not permitted longer to sit in windows and solicit people walking along the streets. By degrees the lid was clamped tighter and tighter; the segregated district was abolished entirely and all the known prostitutes in the city were notified to present themselves at the City Hospital for examination for venereal disease. For this purpose a regular prostitute clinic was organized and a total of 325 were examined. Of the first one hundred prostitutes presenting themselves for examination, ninety-one were found to have syphilis or gonorrhea or both. Those found to be infected were required to go to their family physicians for treatment, on pain of being quarantined if they failed to do so. At first the prostitutes refused to take the threat of quarantine seriously, but were soon made to realize that the health and police departments meant exactly what they said. All infected prostitutes refusing or neglecting to have themselves treated were rounded up and quarantined in the City Workhouse, as many as twenty or twenty-five being there at one time. Of course, lawyers were secured by some of them who attempted, through court action to break the quarantine for their clients. After one or two failures in this regard, however, no further effort in that direction was made. Two policemen were detailed to work on prostitution abatement alone, with the result that the women gradually began to leave town.

At the same time, increased and increasing attention was directed to cleaning up bookmaking places, minimizing the sale of liquor to minors and abating other forms of vice in the city. News stands were required to eliminate erotic literature offered for sale and two theaters, which specialized in running questionable shows, were warned to desist or take the consequences. Realizing that the officials meant business, one of these theaters was torn down and the other ceased to operate.

There were those who prophesied that vice would merely spread to residential districts. As was expected, it tried temporarily to do just that. But Colonel McMeekin and his efficient police officers were determined that such spreading should not happen. And it has not happened. In fact, some evidence is available to show that commercialized vice existed to some degree in residential districts before the cleanup but none after the segregated district had been abolished.

Louisville's reported cases of primary syphilis dropped from 772 cases in 1938 to 393 in 1939, a drop of roughly 50 per cent. This will mean, for many babies who would otherwise have been doomed to blindness, the ability to see; to many mothers, escape from the surgeon's knife; to many men, freedom from insanity, not to mention fewer cases of heart disease and other ills with their consequent burden not only to the taxpayers but to all of society.

Political pressure and at least one lawsuit directed against Colonel McMeekin did not cause him to weaken or even to cease to smile. As Safety Director he is fully discharging his duty to the helpless and the ignorant, as well as handling well the routine matters of his office. The country needs more McMeekins.

All this, of course, does not mean that vice has been eliminated from Louisville. That would be too much to expect, human nature being what it is. Prostitution is the oldest profession known to man and may probably last, to some degree, as long as man lasts. To hope for its complete eradication would be futile. Bookmaking is a more or less natural incident to horse racing and may continue as long as does the "sport of kings." The same thing is true of the other vicious conditions which the city administration is seeking to abate. What has been accomplished, however, shows what can be done when the citizenship is sufficiently alert in placing administration of public affairs in the hands of representatives who are honest, conscientious and determined to give the public welfare first consideration in the discharge of their official duties.

The moral of the whole story is that every community gets exactly the kind of government it wants. If it wants good government bad enough, it gets it. If it doesn't, the government is bound to be bad. There isn't a community in America today in which citizens who want honest, efficient government are not in a vast majority. The trouble is that the average "good citizen" is passive or indifferent, while the bad citizen is always active and energetic. If the voting population were always as much concerned in seeing that only good men are put into office as they are in condemning inefficient and dishonest officials who owe their positions solely to the negligence or indifference of these same good citizens, no community in the land would have occasion to inaugurate a crusade for the abatement of vice.



"Progressive communities endeavor to shape the experiences of the young so that instead of reproducing current habits, better habits shall be formed, and thus the future adult society be an improvement on their own."

JOHN DEWEY.

## THE FIVE DAY TREATMENT FOR SYPHILIS

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*The great possible importance of and the large amount of confusion concerning the five-day treatment of syphilis warrants a statement as to the present status of this method of treatment.*

*This article is an effort to define the present status of the five-day treatment method and its limitations.*

THE EDITORS

The widespread newspaper publicity regarding the so-called "five day treatment of syphilis" makes it desirable to issue for the non-medical public a statement which gives the facts about this method, its origin, the reasons why it may be a very important advance, and the present limitations of our knowledge as to its place in the treatment of one of the most serious and prevalent of diseases. Great credit is due the group of physicians who devised the method and carried out a brilliant demonstration of its application. They and the committee who directed the demonstration make no claims for this method beyond that which actual experience has shown to be fact. These facts seem to indicate that the method has very important possibilities, but only the future, and further study, will determine the ultimate value of the so-called "five day treatment."

Physicians have long recognized that one of the greatest obstacles to satisfactory treatment of syphilis by present standard methods is the fact that the infected person must continue under treatment for a long period of time—at least one year and often longer. Many infected persons give up treatment even before the disease has been rendered permanently non-infectious, and comparatively few continue with treatment until cured. Feeling well, seeing no sign of syphilis in their bodies, they conclude that the weekly or twice weekly treatments are unnecessary in spite of the doctors' advice to the contrary. All sorts of factors enter into their decision, including costs, time lost from work, and discomfort of treatment procedures. A method which would greatly shorten the duration of treatment and at the same time render non-infectious and cure a large proportion of cases, would be a great boon not only to infected persons but also to the public health.

Scientists for decades have searched for such a method. At first it was hoped that Ehrlich's salvarsan, or 606, would be the answer,

but it was found that though 606, if used with other drugs, would cure syphilis, it had to be given in small divided doses over a long period of time. Otherwise the drug might do the patient more harm than the disease.

In 1931 Doctor Harold T. Hyman of New York City and his associates announced an important observation. It was that substances previously considered quite toxic to humans could be safely given by a procedure called the "intravenous drip" method. By this method the toxic substance is highly diluted in normal salt solution, and slowly introduced into a vein over a period of hours and at the rate of twenty to thirty drops per minute.

Doctor Louis Chargin, with the collaboration of Doctor William Leifer and Doctor Hyman, first adapted this intravenous drip method to the administration of neoarsphenamine, one of the derivatives of 606. They treated 25 cases of early syphilis in 1933 at the Mount Sinai Hospital, New York, under the supervision of Dr. George Baehr, a member of the Board of Directors, and of the Executive Committee of the American Social Hygiene Association. The immediate results were highly encouraging. The spirochaeta pallida promptly disappeared from the skin and mucous membrane lesions, which rapidly healed. In 1938, of the 25 cases originally treated, 15 were still under observation, 10 had disappeared too soon to permit of evaluation of treatment. Of the 15 patients adequately followed, it was found after most careful study, that 13 remained serologically and clinically free from evidence of syphilis, and in two the results were doubtful.

This highly encouraging result led to the initiation of a new and more extensive test of the intravenous drip method of treatment of syphilis. The project was set up under the sponsorship of the New York City Department of Health, and Commissioner John L. Rice appointed a committee to direct the work. The committee consists of Doctors Hyman, Chargin and Leifer already mentioned, and the following: Professor Charles C. Lieb of Columbia University, Chairman; Commissioner Rice, Dr. Theodore Rosenthal of the New York City Department of Health, Dr. John F. Mahoney of the U. S. Public Health Service, Dr. Walter Clarke of the American Social Hygiene Association, Professor Walter W. Palmer of Columbia University, Professor Eugene DuBois of Cornell University, Dr. George Baehr of Mount Sinai Hospital, Dr. Bruce Webster of New York Hospital, and Dr. Evan Thomas of Bellevue Hospital.

The treatment phase was carried out again by Doctors Chargin, Hyman and Leifer at the Mount Sinai Hospital on the service of Doctor George Baehr. Follow-up medical examinations after treatment were made independently at monthly intervals by Doctor Bruce Webster at the New York Hospital and Doctor Evan Thomas at the Bellevue Hospital. Serological studies were made in the laboratories of the three hospitals and by Mr. John Koopman, director of the serological laboratory of the New York City Department of Health and Doctor Mahoney, Director of the United States Public Health Service Laboratory on Staten Island, New York. Doctor Harry

Sobotka of Mount Sinai Hospital conducted the blood and chemical studies. Funds were provided by the New York Foundation, the Friedsam Fund, and the John and Mary Markle Foundation, and were administered by the New York City Committee on Neighborhood Health Development. The referral of cases for treatment and the follow-up of cases lapsing after treatment was under the supervision of Doctor Rosenthal, Director of the Bureau of Social Hygiene of the New York City Department of Health.

Patients admitted for intravenous drip treatment were hospitalized in a six-bed ward at the Mount Sinai Hospital under the supervision of the physicians already mentioned and the care of specially trained nurses. At first as in the original 25 cases, neoarsphenamine was used. After 86 cases had been treated by this method, the committee decided to use a new drug called phenylarsine oxide.\* Since arsine oxide contains only one-tenth the arsenic contained in neoarsphenamine, it was believed that fewer toxic manifestations would follow the administration of this drug. At this writing, about 300 patients have received arsine oxide by the intravenous drip method.

The results of the treatment of the 86 patients in the neoarsphenamine series can be summarized as follows: Of the total number treated, seven disappeared before significant observations could be made. If these are counted as "treatment failures," the satisfactory results constituted 83 per cent of the total number treated. If the seven lost patients are omitted from consideration, the satisfactory results are about 91 per cent of the total observed. By "satisfactory" results is meant that the patient became and remained negative serologically and clinically well.

Too short a time has elapsed to judge the results in patients treated with arsine oxide. It can be stated, however, that the immediate effects of treatment are excellent. Infectious lesions of syphilis healed quickly and the serological reactions became or tended toward negative in a high percentage of cases. Evidence at hand seems to indicate that it is possible to obtain with arsine oxide results about equivalent to those given by neoarsphenamine but with fewer toxic manifestations.

Cases classified as "failures" are those in which the blood tests have remained or become positive or lesions of syphilis have reappeared in spite of treatment. In about 10 or 15 per cent of treated cases, one or both of these unsatisfactory manifestations has occurred. In such patients, treatment by standard methods has been instituted or they have again received the intravenous drip treatment, always without any apparent disadvantage from the previous intensive therapy.

In the neoarsphenamine group, minor toxic manifestations due to treatment were fairly common. One death occurred due to hemorrhagic encephalitis, a condition which with our present knowledge it is impossible to foresee and which occurs, fortunately only rarely, no

\* The full name is "the hemialcoholate of 3-amino-4-hydroxy phenylarsine oxide hydrochloride."



matter how arsenical treatment is given. The toxic manifestations accompanying the intravenous drip method of treatment with arsine oxide were fewer and less serious than those in the neoarsphenamine series. However, it is believed from present experience that the intravenous drip method of treatment is not without danger and should only be administered in hospitals and under expert supervision.

Hopeful as the results of the intravenous drip treatment appear to be, they are by no means final. Syphilis is a treacherous disease and immediately favorable effects of treatment do not guarantee that the disease will not cause damage years later. Only a very small group of cases have been followed for more than five years. The larger more recently treated group must be followed carefully for at least five years before we are warranted in believing that syphilis in them has been permanently arrested. Evaluation of the new method will require years of careful scientific study and a much larger group of cases than has as yet received the intravenous drip treatment.

Also, experience with the intravenous drip method is limited as yet to a single class of cases, namely, early syphilis in males. It is not known whether the method is applicable to latent or late syphilis, or to syphilis in women, whether pregnant or not, or to cases of congenital syphilis in infants and children. It may be that modifications of the intravenous drip treatment will prove desirable; such, for example, as lengthening the period of intensive treatment or shortening it. There is nothing sacred or certain about the *five day* treatment. Perhaps it may prove desirable to administer a heavy metal such as bismuth before, during or after the intravenous drip treatment. Some other arsenical may prove more effective and even safer than arsine oxide.

Treatment of syphilis by the intravenous drip method is not generally available and is not likely to be for some time to come. It is expected that the method with and without modifications will be tried in the hospitals of important medical centers in order to perfect it and gain more experience as to its applicability in the treatment of syphilis.

Doctor George Baehr summarized the situation accurately as follows:

"It is the opinion of the committee which has supervised the work that the results warrant employment of this therapeutic technique in other well organized hospitals. Modifications and improvements in the technique will undoubtedly be made by others. Although the use of bismuth and other effective therapeutic agents might have resulted in a more nearly perfect result, they were omitted in order that the effectiveness of the five-day treatment with the arsenical one might be determined. Without such adjuvants 15 per cent of the cases may require a second five-day course of treatment after an interval of several months.

"The technique cannot be recommended for general adoption (by private practitioners) until a larger volume of experience

has been accumulated under careful hospital supervision and the necessity for the supplementary therapeutic agents has been determined. It is already apparent that the method has opened the way to the prompt control of the highly communicable stage of syphilis."

The *possibilities* of this new method are of the greatest importance to the conquest of syphilis. It *may* enable physicians by means of a few days of intensive treatment to render syphilis permanently non-infectious and to effect a serological and clinical cure in 80 or 90 per cent of cases treated. If anything approaching this brilliant achievement is accomplished, eradication of syphilis will be brought appreciably nearer. In the meantime, the present standard method of treatment, which has been tested and tried throughout the world and which is generally available in every community, is the one upon which infected persons should depend. The results given by the standard method, though it be slow, are highly satisfactory.



THE DOCTOR IS THE FIRST  
LINE OF DEFENSE

"... our greatest new efforts in national health education must be in those directions where the greatest saving in lives can be made. This should be easy, for where the greatest saving in life can be made, there lies the greatest human appeal."

THOMAS PARRAN, M.D.

## PREMARITAL EXAMINATION LAWS IN OPERATION

MARY S. EDWARDS

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The new type of premarital examination laws, requiring both the prospective bride and groom to be examined for syphilis, have now been in operation for periods ranging from one month (Indiana—March 1, 1940) to over four years (Connecticut—January 1, 1936). Thus a new form of social and health security for married couples and their offspring gathers momentum and force.

Data of considerable scope are beginning to be collected relative to the results which may be hoped for. Salient points appear as follows:

1. Reports of 631,206 blood-test examinations on this predominantly young and otherwise selective group<sup>1</sup> have been received from 13 states. Of these 8,605, or 1.4 per cent, were positive for syphilis. (*See Table 1.*)
2. A very high proportion, 75 to 90 per cent, of the persons found to be syphilitic, were unaware of their infection.
3. In states where licenses are refused only when syphilis is judged by the examining physician to be *communicable*, indications are that about one-half of those examined were required by law to postpone marriage, until treatment could safeguard both marital partners.
4. In one state, where careful followup was made in cases of refusal of marriage license, about half of the persons discovered to have communicable syphilis by premarital test were later found to be under treatment for their infections.

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<sup>1</sup> Much confusion exists today in public understanding of the reasons for the apparently wide variations between quoted prevalence rates for syphilis in specially selected population groups, and in the various estimated prevalence rates for syphilis in the entire population. It should be emphasized here that many factors influence selected group rates—factors such as age, color, sex, geography, social and economic status. In 200 groups studied, the syphilis rates varied from 0.2 per cent to as high as 49 per cent. The 1.4 per cent rate in *Table I* is a selected group rate, and as such it is not representative of the nation's population; nor, for the same reason, do the state rates represent the respective state populations. As explained hereafter in the article, this is a predominantly *young* group, almost entirely located in the northern half of the United States. Furthermore, this particular group assumed themselves to be non-syphilitic, since persons who know they are infected do not usually apply for premarital examinations in states where they know they can not marry if they have syphilis, until they have been properly treated.

5. In one state, in which the premarital examination law has been in operation a number of years, the number of babies reported as born with congenital syphilis has dropped 50 per cent.

*General prevalence vs. premarital rates*

Table I is a compilation of data from 13 states out of 20 which have laws of this character. In the remaining seven states the laws are either not yet in effect or the data for various reasons have not been tabulated. As stated reports of 631,206 examinations have been received of which 8,605, or 1.4 per cent, were positive for syphilis.<sup>1</sup> The positive rates ranged between 0.4 per cent in North Dakota and 4.6 per cent in West Virginia.

Several comments should be made relative to these rates, since they apply not to a cross-section of the whole population, but to a highly selective group. *First*, it can be assumed that in states which prohibit individuals with syphilis, especially *communicable* syphilis, from marrying, those aware of active infection do not apply for premarital examinations until treatment can assure their passing the examination. That this is a logical assumption is borne out by reports from such states as Connecticut, New York and New Jersey, where from 75 to 90 per cent of those diagnosed as having syphilis stated they did not know they were infected. *Second*, about half the marrying population is under 25 years of age. Other studies have shown that while the *incidence*, or annual rate of new infections, in this age group is high, the *prevalence* or constant "bulk" rate at any one time is relatively low. Prevalence does not reach its maximum until the population is over 30 years of age. These two factors account for rates generally lower in the kind of group which would be apt to seek marriage licenses, than is to be expected for the entire adult population in the comparable localities.

For example, in Chicago, where several hundred thousand persons have been tested, for the general white population over thirty years of age the average rate was found to be 6.3 per cent; for the white *premarital* group it was 1.4 per cent—about one quarter as high. The Chicago Negro general population group over thirty years old, showed 28 per cent positive blood tests; for the Negro *premarital* group in the same city, the rate was 10.4 per cent.

Although marriage license applicants as such are a selected group, we have no reason to think they differ very much as groups among the several states. Therefore, it is interesting to examine the figures given in Table I with an eye to their geography. The rates are strikingly similar in the states reporting,—lower, as one might expect, in regions predominantly rural, e.g. the Dakotas, Wisconsin (exclusive of Milwaukee), and New Hampshire. Only one southern state, West Virginia, as yet furnishes figures. Here the rate is twice that in any other group reported, the explanation for this is not known in the absence of details concerning the group examined.

The sex of marriage license applicants with syphilis is available for a few states,—Chicago, Illinois, Upstate New York, New Jersey and Connecticut all found positive cases about equally divided between the two sexes.

TABLE I  
TESTS UNDER THE PREMARITAL EXAMINATION LAWS

<i>State</i>	<i>Law in Effect on</i>	<i>Total Number Examined</i>	<i>Number with Syphilis *</i>	<i>Per Cent with Syphilis</i>
California	Sept. 19, 1939	23,684 (Sept. 29-Dec. 31, 1939)	404	1.7
Colorado	Oct. 10, 1939	2,973 (1939)	44	1.5
Connecticut	Jan. 1, 1936	20,424 (1939)	207	1.01
		17,732 (1938)	196	1.28
		16,601 (1937)	112	0.85
		14,601 (1936)	81	0.6
Illinois	July 1, 1937	49,271 (1939)	577	1.2
		39,435 (1938)	782	1.9
		30,298 (July 1 to Dec. 31, 1937)	479	1.5
Indiana	Mar. 1, 1940	no data		
Kentucky	Jan. 1, 1941	no data		
Michigan	Oct. 29, 1937	5,150 (1940 Jan.)	68	1.3
		41,762 (1939)	368	0.9
		34,439 (1938)	423	1.2
		3,828 (1937 Nov., Dec.)	52	1.4
New Hampshire	Oct. 1, 1938	14,420 (Oct. 1, 1938-Mar. 8, 1940)	102	0.8
New Jersey	July 1, 1938	42,944 (July, 1938-Mar. 1939)	624	1.4
N. Y. (upstate)	July 1, 1938	36,459 (July-Dec., 1939)	541	1.5
New York City		58,883 (6 mos. 1938)	797	1.4
		141,148 (1939)	2,342	1.7
North Carolina	April 3, 1939	no data		
North Dakota	Mar. 13, 1939	5,641 (July, 1939, to Feb., 1940)	25	0.4
Oregon	Nov. 8, 1938	no data		
Pennsylvania	May 17, 1940	no data		
Rhode Island	April 28, 1938	816 (Jan.-Feb., 1940)	5	0.6
		8,782 (1939)	96	1.1
		4,734 (Apr.-Dec., 1938)	75	1.6
South Dakota	July 1, 1939	4,885	35	0.7
Tennessee	July 1, 1941	no data		
Virginia	Aug. 1, 1940	no data		
Wisconsin (upstate)	1937	8,128	47	0.6
Milwaukee		2,568 (23 mos.)	49	1.9
West Virginia	May 26, 1939	1,600 (First 6 mos.)	74	4.6
TOTAL		631,206	8,605	1.4

\* All cases labelled "doubtful" have been excluded in the totals.

### *Race*

In Chicago, positive cases among Negroes out-numbered those among white people, 7 to 1, the syphilis rate among white marriage applicants, as stated, was 1.4 per cent, among Negroes 10.4 per cent. In New Jersey, the ratio was said to be 20 to 1.

### *Communicability*

Here again data is not available for all the states. In New Jersey, 45 per cent of certificates were refused by physicians when tests were positive, because in their opinion the syphilis was communicable, in 55 per cent the certificate was granted despite a positive test because the infections were judged "non-communicable." In Connecticut,

certificates were not granted on application in 47 per cent of cases when the tests were positive—were granted in 53 per cent.

### *What happens to those refused marriage licenses?*

New Jersey furnishes interesting figures, as one reply to this question. From data on 206 persons with positive tests, it is learned that of these 113 were refused certificates and that of the 113, 71 did not marry, 18 went out of state, the fate of the remainder is not known. Of the same 206 persons, at a date three months after the tests, over one-half (113) were under treatment, 34 were not under treatment, 59 disappeared. Local Boards of Health were later able to trace and place under treatment 22 out of the "not under treatment" or "disappeared" groups.

### *Congenital Syphilis*

In Connecticut, where the premarital examination law has been in effect four years, reports of babies with congenital syphilis have dropped to one-half what they were in 1935.

### *Marriages within the state*

It is common experience that just before a premarital law goes into operation, there is a rush of couples to the marriage license bureaus, apparently "to beat the law." We have figures from several states showing what happens subsequently.

In Connecticut for 1934 and 1935, the two years preceding the premarital examination law, the marriage rates were 7.1 and 7.4 per 1,000 population. For 1937, 1938, and 1939 the rates were, respectively, 5.8, 5.9 and 7.4 per 1,000. In Upstate New York (exclusive of New York City) marriages of residents of the state in the year 1939 increased markedly over 1938, although the more stringent marriage law went into effect July 1, 1938. The number of non-resident marriages, however, decreased sharply. The three-day waiting law was a considerable factor in this reduction, and the July 1, 1938 premarital law had some further weight. Education of the public, plus the fact that most of the neighboring states have enacted similar legislation, plus the economic factor, all combined to restore the marriage rate in Upstate New York to normal expectancy and even more. In New Jersey, the drop in marriages for the first nine months under the law (in effect July 1, 1938) was only 18 per cent below the average for the same months during the three years just preceding, and present indications point to an early return to normal marriage rates. In Illinois, Cook County marriage licenses dropped from 43,775 in 1936 to 35,113 in 1939,—20 per cent; and in the remainder of the state from 54,545 to 16,068,—70 per cent. The Illinois State Department of Health is of the opinion that the marriage rate in the State has not declined, but rather that there has been an evasion of the law by many couples. In Rhode Island, in 1937 there were 6,753 marriages. The law went into effect April 28, 1938, and total marriages for the year were 4,916. In 1939, marriages increased to 5,501.

### *Problems of Administration*

Most new laws bring with them problems of administration which must be worked out by the authorities who are responsible to the public for their success. Some of these problems may be mentioned briefly, in relation to the premarital examination laws. All of them are remediable, as evidenced by the experience of various states.

*First, the cost of the examination to the marriage applicant.* In some states persons who cannot afford the services of a private physician may secure the examination and necessary laboratory tests from the local health department without charge. Some county medical societies have agreed upon the fee to be charged. De Kalb County (Indiana) allows \$1 to the physician and \$1 to the laboratory, which means a total of \$4 per couple. One western state reports that many people say they are driven out of the state by the high fees physicians expect them to pay for examinations.

*Second, possible loopholes exploited by marriage applicants.* It has been reported that a few individuals who fear they may get a positive report on their examination send in friends to take the examinations. This possibility has been met by requiring that the applicant for examination sign in the presence of the physician any forms incidental to the examination, so that the applicant's signature on the final certificate which goes to the marriage license bureau may check with the signature on the marriage license application. In other instances partial treatment of a syphilitic person has reversed the positive blood test to negative, with the result that a doctor unfamiliar with the history of the case has failed to recognize the infection, and granted the certificate. It should be pointed out that the laws require an *examination* including a blood test, and that this full procedure should always be carried out.

*Third, record keeping by state authorities.* In order to have a complete record of tests under the law, it is necessary that approved laboratories report *negative* as well as *positive* results to the central health authority. Eventually such records should be important evidence in the study of the trend of syphilis prevalence.

*Fourth, persons leaving the state to marry, in order to avoid the law.* As already stated, this situation tends to adjust itself. However, certain factors doubtless influence the extent of this type of law evasion,—factors such as, provisions of the law itself—Are they reasonable? Is the public ready for them? Do neighboring states have similar laws? Many states are cooperating by arranging reciprocity in the matter of examinations, by refusing licenses to non-residents who are evading their own state laws or are ineligible under such laws.

*Fifth, the question of infectiousness or communicability in states where a certificate is refused by the physician only if syphilis is judged to be communicable.* County medical societies in cooperation with the public health authorities can help by working out an agreement on the standards by which the line may be drawn in refusing certificates.

To find out the facts upon which their judgment was based a few recent cases of congenital syphilis have been traced back to doctors who certified at the time of premarital examination that the syphilis although present was not communicable. On the other side, complaints have been received that some marriages are being held up on insufficient evidence of communicability. This emphasizes the need for careful history-taking and clinical examination, and re-check of positive blood tests. In all such possible injustices, the laws in most of the states provide opportunity for the case to be reviewed by designated court or health department officials. The health department will doubtless be interested from time to time to follow up a sampling of cases to see how the law is going, from the viewpoint of doctor as well as applicant.

### *The Newest Premarital Law*

Virginia recently adopted a premarital examination law, which is the first of its type to be enacted. Under its provisions both applicants must be examined for syphilis and advised of the results, but the presence of infection in either will not itself bar them from obtaining a license. The law goes on the theory that in most cases, at least, the evidence of infection will bring about postponement of the wedding and lead the infected person to seek treatment.

### *The 1941 Legislative Year*

Next year 43 states will be in regular legislative session, and of these 18 do not now have premarital examination laws. News from such states as Massachusetts, Missouri, Washington, and from the District of Columbia indicate that plans are under way to introduce such bills in 1941.

The twenty states now requiring that both parties to a marriage license have a premarital examination for syphilis including a blood test comprise between 50 and 60 per cent of the population of the country, and perform a similar proportion of marriage ceremonies. About 1,500,000 marriages a year take place in the entire country affecting double that number of people. If the 1.4 per cent of syphilis found to date in marriage license applicants be applied to the whole country (and this figure is low as it includes, except for West Virginia, only northern, middle western and western states), we find that there is a minimum possibility of 42,000 infected persons a year marrying. This would suggest that 1 in 35 marriages are being endangered by syphilis with resultant damage to mate and offspring.

Bishop Hall's foreboding words in the Seventeenth Century might have then been true in regard to congenital syphilis, "Death borders upon our birth and our cradle stands in the grave." Today, however, a more hopeful picture presents itself as phrased by Dr. Ray Lyman Wilbur: "Let's face square on this widespread fight with enemies that can be conquered, if all will join in on the efforts to defeat them. It will take brains, money, courage and patience; but the rewards of victory will do more for the family, for human happiness and for the future of America than the solution of any of our other great problems."



## EDITORIALS

### MAY DAYS

May, fifth month of the Gregorian year, deriving its name from the goddess Maia, mother of Hermes, since days immemorial has been family festival season. The ancient Romans made this Spring month a gala outdoor celebration. In Tudor England all classes of people, young and old, went a-Maying as the month began. Nowadays May, in most climates, is the month when the family picnic basket comes out of winter retirement and the family car heads for the open.

It indicates, we like to think, a growing civilization, that the month of May has come to have an added meaning in America. Child Health Day, Mother's Day, and various other events of the month are May Days that preserve the family festival tradition in its best sense—happiness plus health.

The JOURNAL dedicates this *Family Number* to all families everywhere, and all members of families. "God bless us every one!"

### SOCIAL HYGIENE DAY LOOKS HOMEWARD

We say, a little ponderously, perhaps, that "the family is the basic social unit." Put in those words and stripped of the warmth and affection that lies within the family circles of most of us, the statement may sound a bit academic. But it is none the less true. Anything that makes for the welfare of the family makes for the welfare of the community, the state, the nation. Anything that threatens the family—that brings sorrow or suffering into the home, cuts at the roots of our society.

The American Social Hygiene Association, as the national voluntary leader of the social hygiene movement in the United States, works with all possible means within this field to preserve, and strengthen the American family. Sound sex instruction, and education for marriage, promotion of wholesome community environment, and health protection all are important to the program. On the medical side the Association is particularly concerned at present with the heavy

shadow cast over family life in America today by the disease syphilis. This shadow, which health and social hygiene workers for long have been trying to lift, as a result of the concentrated, united drive of the past four years, now seems to be growing lighter. In those four years, Social Hygiene Day, sponsored by the Association each February, has directed attention to various timely aspects of the syphilis problem. *Syphilis as a community problem, syphilis among babies, syphilis as a danger to young people, the hindrances presented by quackery and self-treatment of syphilis*—these special sectors of the campaign have engaged the thought and energy of the thousands of American agencies and citizens joining each year in this vast educational project, with, we believe, excellent results.

Next year it seems to the sponsors that Social Hygiene Day can best be dedicated to the family as a whole, and on this "basic social unit" we invite you to join with us in February in building a stronger structure than ever before to protect the American home from this dread, but conquerable, disease.

For syphilis is a family disease. Often it is passed, unsuspected, from husband to wife, from mother to child. No other disease can be transmitted with such disastrous results from a mother to her unborn baby. As a destroyer of health and happiness in the home it has no rival among the ills that flesh is heir to. Here, then, in the family, our strongest defense lines should be drawn. Here we should make our firmest stand, and from this point forge ahead.

So Fifth National Social Hygiene Day, February 5, 1941, will look homeward. *Syphilis and the Family* will be its theme; another advance towards the ultimate end of syphilis in the family its objective. To borrow and recast an old adage "As the home goes, so goes the nation,"—and the march is steadily onward and upward.

"WHO HATH NOT LOST A FRIEND?"

The JOURNAL records with a deep sense of loss the passing of three men who leave the world poorer for their going, and the social hygiene movement missing their valued support

and guidance in three important fields of work: Wilton A. Barrett, chief of the National Board of Motion Picture Review for 17 years, was a staunch aid in the long uphill fight to gain approval and recognition for social hygiene films; John H. Finley, editor emeritus of the *New York Times*, was a trusted friend from the first days, a member of the National Anti-syphilis Committee, and a pioneer crusader for newspaper cooperation in social hygiene education; John Hawley, widely known advertising executive, and for twenty years in charge of the Metropolitan Life Insurance Company's welfare advertising program, introduced social hygiene in this series of advertisements, and at the time of his death was a member of the JOURNAL Editorial Board.

Such men can ill be spared.

#### SOCIAL HYGIENE AND THE FAMILY

The charming painting "The Family" used as a frontispiece for this number of the JOURNAL and the illustrations scattered through the text are taken from the preliminary sketches for a new exhibit planned for popular distribution by the Association. Please let us know if you are interested in such an exhibit.

#### NATIONAL EVENTS

**Doctor Parran Reappointed Surgeon General.**—Dr. Thomas Parran, Surgeon General of the United States Public Health Service for four years past, was renominated for this post by President Roosevelt on March 5th and his reappointment confirmed by the United States Senate on March 9, the term is for four years. Newspapers throughout the country took this opportunity for favorable comment on progress in "the broadest national health program in the 140-year history of the Public Health Service,"—including, of course, efforts in the prevention and control of venereal diseases.

**National Health Council Elects Officers.**—Dr. Kendall Emerson, managing director of the National Tuberculosis Association, was elected President of the National Health Council at its annual meeting on February 15. Other officers are Dr. Reginald M. Atwater, vice president, Frederick Osborn, treasurer, and Miss Dorothy Deming, secretary.

**White House Conference on Children in a Democracy.**—Action was the key note of this Fourth conference called by the White House on the health and welfare of children. Following the preliminary session on April 26, 1939, in response to the recommendations of the Planning Committee, authorities and leaders on the needs of children gathered on January 18–20 in Washington last, to discuss the myriad topics implied in the theme, *Children in a Democracy*. The trend of the Conference and the words used by the conference chairman, Secretary of Labor Frances Perkins, at the closing session, expresses the spirit of the occasion.—

“This conference has been a demonstration of democracy in its finest sense, using government as the servant of the people, and having representatives present for an exchange of views only possible under such a system.

“The program which it contemplates is one which I predict will be worked upon not only for the ten years that will intervene before another conference is held, but for thirty years to come, when a new generation, pray God, is better born, better educated and better trained than any group of people that has ever walked the earth.”

The final report of the Conference with the program contemplated for the coming decade will be read with interest by all who are concerned with child health and welfare. Briefly, the provisional recommendations of the program of action suggested to conserve the health of children include:

1. Preventive and curative health service and medical care available to the entire population, rural and urban, in all parts of the country. For low-income families adequately supervised medical care, financed by general tax funds, social insurance systems or a combination of methods suited to local conditions.
2. Complete service for maternal care and care of babies including hospital care, medical and nursing care for the mother in the home, hospital or clinic, extended to post-natal supervision of mother and child.
3. Preventive and curative medical service for all infants and children, including health supervision and care at stated intervals throughout childhood and youth.

The following principles are set up by the report regarding the sharing of responsibility for these services among communities, states and the Federal Government:

The local community should provide maternity care and health and medical service for children; the State should give leadership, financial assistance, specialized service, and supervision in the development of local services, and assume responsibility for setting standards of care and service in the State; the Federal Government should assist states through financial support, research, and consultation service, and assume responsibility for setting standards of care and service acceptable on a nation-wide basis.

Dr. William F. Snow, Chairman of the American Social Hygiene Association's Executive Committee, was a delegate to the Conference.

**CHILD HEALTH DAY—1940**

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

## A PROCLAMATION

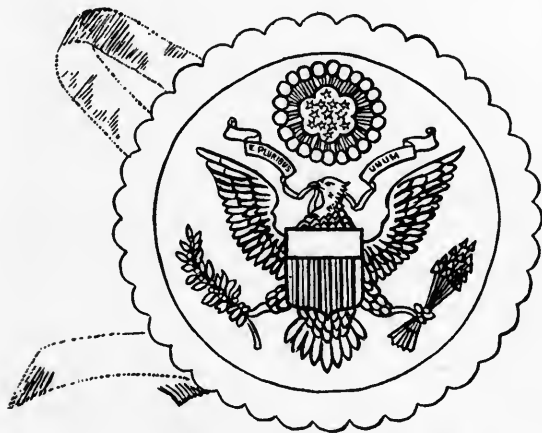
WHEREAS the Congress by joint resolution of May 18, 1928 (45 Stat. 617), has authorized and requested the President of the United States to issue annually a proclamation setting apart May 1 as Child Health Day;

NOW, THEREFORE, I, FRANKLIN D. ROOSEVELT, President of the United States of America, do hereby designate the first day of May of this year as Child Health Day, and invite all agencies and organizations interested in child welfare to unite upon that day in the observance of such exercises as will awaken the people of the nation to the fundamental necessity of a year-round program for the protection and development of the health of the nation's children.

And I hereby call upon the people of the United States to consider the recommendations for conserving the health of children made by the White House Conference on Children in a Democracy and to take steps needed to strengthen and extend health protection and medical care for mothers and children in every community. I also call upon the boys and girls of the nation to note the gains in health they have made during the past year and to share in efforts to improve the health of children and of our whole population.

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of the United States of America to be affixed.

DONE at the City of Washington this 3d day of April in the year of our Lord nineteen hundred and forty, and of the Independence of the United States of America the one hundred and sixty-fourth.

*Franklin D. Roosevelt*

By the President:

*Cordell Hull*  
Secretary of State.

**Tenth Anniversary of the Nationwide Campaign to Make Maternity Safe.**—On Mother's Day, May 12, 1940, the Maternity Center Association celebrates the tenth anniversary of its nationwide campaign to make maternity safe. In 1930 this organization launched its nationwide campaign on Mother's Day to teach expectant mothers and fathers the facts about safe care and to stir up medical, nursing, and hospital groups to provide better care for mothers and babies. A notable meeting, attended by Mrs. Herbert Hoover, then first lady, Mrs. Theodore Roosevelt, Sr., Mrs. Charles A. Lindbergh, and distinguished leaders in public health, launched this effort.

For ten years, in cooperation with federal, state, and local health departments, medical societies, and civic organizations, the maternity center group has sought to inform professional groups and the public. The facts began to appear in print and were broadcast over the radio as far-seeing editors and station directors took up the cause, and the results of education are beginning to be seen.

When the campaign began, the United States stood at the bottom of the list of civilized countries who kept records of their maternal mortality. The lack of progress in protecting the lives of mothers and babies before this special campaign began is shown in the maternal death rate. In 1915, the death rate of mothers in childbirth in the United States was 61 for every 10,000 live babies born. In 1925, it was 65. In 1930, 67. In 1932, it fell to 63. In 1933, to 62. In 1935, to 58. In 1937, to 49. It is expected when the final rate for 1938 is compiled that it will be nearly down to 40. In many communities in the United States today, maternity is as safe as anywhere in the world.

Moreover, says Mrs. Shepard Krech, President of the Maternity Center Association "Mothers and fathers are coming to realize that having a baby is a joint affair. Fathers are giving up their traditional disinterestedness. Only two years ago, the classes began for the male parent. Already classes are being held under the best medical auspices in many cities, including Philadelphia, Cleveland, New Haven, and Flint, and the classes are always overcrowded. Fathers are eager to know how they can help their wives keep fit, how they can help get ready for the coming of the baby, and how to take care of the baby after he finally arrives."

**The Federal Council of Churches Recommends Family Day.**—The Committee on Marriage and the Home of the Federal Council of the Churches of Christ in America is advocating the broadening of the Mothers' Day idea to a celebration that includes the whole family. The Committee, of which Dr. L. Foster Wood is secretary, is providing material to aid churches in this celebration. It includes a suggested order of service especially planned for the occasion and a "Pastor Sheet" with additional suggestions and information concerning family life. The Committee reports an interested response from churches generally. A recent publication *Religion and the Home*

by Dr. George A. Buttrick, President of the Council, is also being widely used in this connection.

**Eighth American Scientific Congress.**—May 10-18 are the dates and Washington the place for this important inter-American meeting which is held under the auspices of the United States Government and as a part of the celebration of the Fiftieth Anniversary of the founding of the Pan American Union. Previous sessions of the Congress have been held in Buenos Aires (1898), Montevideo (1901), Rio De Janeiro (1905), Santiago De Chile (1908), Washington (1915-16), Lima (1924-25), Mexico City (1935).

On behalf of President Roosevelt invitations have been extended to the governments of the other American republics to be officially represented at the meeting and the Honorable Cordell Hull, Secretary of State, has requested a group of government officials and leaders from the field of science and education to act as an Advisory Committee to the Congress. Dr. Alexander Wetmore is Secretary-General of the Congress.

The following sections have been set up: *Anthropological Sciences, Biological Sciences, Geological Sciences, Agriculture and Conservation, Public Health and Medicine, Physical and Chemical Sciences, Statistics, History and Geography, International Law, Public Law and Jurisprudence, Economics and Sociology, and Education.* All of these Sections have developed interesting programs under the Chairmanship of noted Scientists and Educators.

**Pharmacy Fights Syphilis.**—Cooperation between social hygiene workers and pharmacists of the country advanced another step when the first meeting of the American Social Hygiene Association and American Pharmaceutical Association Joint Committee was held on the evening of April 24, 1940, at A.S.H.A. headquarters, New York City.

Members of the committee include Dr. Joseph E. Raycroft, New Jersey Department of Institutions and Agencies; Dr. Robert P. Fischelis, New Jersey State Board of Pharmacy; Dr. Robert L. Swain, editor, *Drug Topics*; and George J. Nelbach, State Charities Aid Association, New York. Dr. E. F. Kelley, secretary, American Pharmaceutical Association and Dr. Walter Clarke, executive director, American Social Hygiene Association serve as ex-officio members. Joseph L. Stenek of the American Social Hygiene Association served as Secretary of the meeting.

Dr. Clarke was elected temporary chairman of the group. It was further decided to elect two other members—one to be a practicing physician and another to be actively engaged in the active practice of pharmacy.

Immediate plans were made to notify the State Pharmaceutical Societies and Social Hygiene Societies of the formation of this committee and to release information to all drug and medical publications in the United States.

It was recommended that committees on venereal disease control be set up in each State Pharmaceutical Society. Dr. Clarke, who will speak before the American Pharmaceutical Association convention in Richmond on May 7th, will bring this program before the representatives of the State Pharmaceutical Associations.

New hope for success in the fight against syphilis and gonorrhea is appearing as leaders in pharmacy make ready to take a larger part in the present nation-wide program. The JOURNAL is glad to announce the formation of this committee and will continue to report progress concerning the pharmacist's cooperation in the fight against syphilis.

**A.P.H.A. Meets in Detroit October 8-11.**—The 69th Annual Meeting of the American Public Health Association will be held in Detroit, Michigan, October 8-11, with the Book-Cadillac Hotel as headquarters. Dr. Reginald M. Atwater is Executive Secretary of the American Public Health Association, with offices at 50 West 50th Street, New York City.

The Michigan Public Health Association, the American School Health Association, the International Society of Medical Health Officers, the Association of Women in Public Health, and a number of other allied and related organizations will meet in conjunction with the Association. The American Social Hygiene Association is contemplating one or more meetings in cooperation with Michigan and Detroit groups.

The Michigan Committee on Arrangements is headed by Mr. Abner Larned of Detroit. Dr. Henry F. Vaughan, Health Commissioner of Detroit, is Executive Secretary.

The Annual Meeting of the American Public Health Association is the largest and most important health convention held on this continent. It will bring 3,500 health officials to Detroit for a series of scientific meetings covering all phases of health protection and promotion. A Health Exhibit will be held in connection with the meeting and an Institute on Health Education is scheduled prior to the official opening.

**Juvenile Delinquency Theme of New Radio Dramatization.**—One of America's major crime problems—the handling of youthful offenders from juvenile court age up to twenty-one—is the theme of a new broadcast series *Youth in the Toils* which had its first presentation on March 4. The American Law Institute is collaborating with the Educational Division of the National Broadcasting Company in presenting this series based on a two-year investigation of the Institute's Committee on Criminal Youth-Justice. The programs are being broadcast over WJZ and stations of the NBC Blue Network on Mondays from 7:15 to 7:30 P.M., EST.

Stirring dramatic episodes based on real life stories will show the road these youths travel from early minor offenses to later serious crime. They will follow typical youths' experiences in courts, in



reform schools, on parole. Based as they are on the report recently submitted by the Institute's Committee, these facts will be fresh material even to some of those whose work brings them into daily contact with the youth-crime problem.

Each dramatic sketch will be followed by a brief discussion by one of the eminent jurists, sociologists and criminologists who comprise the Institute's committee. He will point out the significance of these dramatizations and suggest ways by which society may be better protected and youthful offenders reclaimed. His comments will be punctuated by dramatic flashbacks illustrating his points. Among the speakers will be Dr. William Draper Lewis, director of the American Law Institute; Curtis Bok, President Judge of the Court of Common Pleas, Philadelphia; E. R. Cass, executive director of the American Prison Association; Dr. Sheldon Glueck, professor of criminology, Harvard University; Leonard V. Harrison, director, Committee on Youth and Justice, Community Service Society of New York; Dr. William Healy, director of the Judge Baker Guidance Center, Boston; Edwin R. Keedy, professor of law, University of Pennsylvania Law School; Austin H. McCormick, executive director, Osborne Association, and former Commissioner of Correction for New York City; William E. Mikell, professor of law, University of Pennsylvania Law School; Joseph N. Ulman, Judge of the Supreme Bench of Baltimore City; Dr. John B. Waite, professor of law, University of Michigan Law School.

## NEWS FROM THE 48 FRONTS

ELEANOR SHENEHON

*Community Service, American Social Hygiene Association*

**Annual Meetings.**—Springtime is annual meeting time for several of the larger state social hygiene societies. These annual meetings have indeed been almost the only sign of spring this year in shivering, rain-drenched America. More constant than the weather, antedating the first hesitant violet, their arrival tells us that the procession of the seasons still follows its accustomed round and that all is still well with our world.

**Illinois:** Following closely on the heels of the vernal equinox came the annual meeting on March 26 of the **Illinois Social Hygiene League**, held in the League's own Assembly Room at 9 East Huron Street, Chicago. Reelected were President Louis E. Schmidt, 1st Vice-President Wilfred S. Reynolds, 2nd Vice-President Irving S. Cutter, and Treasurer Alfred W. Stern. Doctor Henry Mead was elected to the office of Secretary. Doctor S. William Becker, Ernest Burgess, Ph.D., Mr. William Byron, Mr. Irving Florsheim, Mrs. H. H. Hilton, Mrs. S. T. Lawton, Mr. Jacob Loeb, Mr. Joseph Moss and Curtis Reese, Ph.D. were reelected to the Board of Directors for three-year terms. A newly elected member of the Board is Mr. Edward P. Saltiel, member of the Illinois State House of Representatives and "father" of Illinois's premarital and prenatal examination laws.

A feature of the celebration was the debut of the League's delightful *Annual Review*, with its account of accomplishments during "a quarter century of progress" and the report of its Executive Direc-

tor, Dr. Bertha M. Shafer, for the year 1939, which showed, among other evidences of healthy growth, an increase of 1,131 clinic admissions over 1938.

**Massachusetts:** April 12th, a day of showers that promised well for May flowers, was the date of the Annual Meeting of the **Massachusetts Society for Social Hygiene**, at which Doctor George Gilbert Smith, the Society's President, presented a report of the year's work and Mrs. Frances Bruce Strain spoke on *Youth and Sex*. In spite of the weather the audience numbered well over two hundred.

Doctor Smith was elected to serve his fourth consecutive term as president of the Massachusetts Society. Mrs. Harry C. Solomon was elected vice-president, Mrs. Evangeline H. Morris, secretary, and Mr. William Wadsworth, treasurer.

Appointed to the executive committee were the Reverend Paul H. Chapman, Doctor Oscar F. Cox, Doctor E. Granville Crabtree, Doctor Harold L. Leland, Doctor Nels A. Nelson, Doctor Robert S. Palmer, Herbert C. Parsons and Mrs. Eva Whiting White.

Chosen directors were Doctor Bancroft Beatley, president of Simmons College; Mrs. Albert B. Carter, Charles F. Glueck, Robert F. Herrick, Doctor Rudolph Jacoby, Frank Kiernan, George W. Northrop, Mrs. Frank Scanlan, W. Linwood Chase, Doctor Laurence B. Ellis, Mrs. Sheldon Glueck, Rabbi Joseph L. Liebman, Raymond T. King and Mrs. William T. Hanson.

**New Jersey:** On April 25th still another harbinger of spring appeared: the Annual Meeting of the New Jersey Social Hygiene Association.

Elected to office were Mr. Charles P. Gulick as President, Mr. Edgar S. Bamberger as Vice-President, Mrs. Theodore R. Robie as Secretary, Mr. John J. McCloskey as Treasurer, and Mr. Albert F. Jaques as Assistant Treasurer. Elected to the Board of Trustees were Mrs. Albert L. Gardner, Mrs. Guy E. Shipler, Doctor Joseph E. Raycroft, Mr. F. S. Mathewson, and Doctor John S. Kessell.

On the same date in cooperation with the Medical Society of New Jersey, the New Jersey Health and Sanitary Association, the New Jersey State Department of Health, and the American Social Hygiene Association, the N. J. S. H. A. sponsored the Second Annual State-wide Social Hygiene Conference. Attendance was over 500.

This all-day gathering opened with a general session presided over by Mrs. Theodore R. Robie, Chairman of the Conference, at which Doctor James S. Plant, Director of the Essex County Juvenile Clinic, gave the principal address, *A Psychiatrist Looks at the Social Hygiene Program*.

Following this general session those in attendance joined one of four different discussion groups, as follows: *What Youth Leaders Should Know About Social Hygiene* (Mr. Bernard S. Miller, National Youth Administration, Chairman), *How Personnel Heads and Labor Leaders May Cooperate in Social Hygiene* (the Reverend Mr. L. Hamilton Garner, Newark Labor Relations Board, Chair-

man), *Program Planning for Clubs, P.T.A.'s, and Other Civic and Social Organizations* (Mrs. Patrick H. Adams, President of the New Jersey State Federation of Women's Clubs), and *What Social Workers Should Know about Venereal Diseases* (Doctor C. Byron Blaisdell, Chairman).

Doctor L. D. Bristol, President of the New Jersey Health and Sanitary Association presided at the luncheon session, at which Doctor Oliver M. Butterfield spoke on the *Aesthetic and Moral Factors in a Social Hygiene Program* and Doctor Alice V. Keliher, of the Commission on Human Relations of the Progressive Education Association discussed *Sex Education*.

A panel discussion, *What Are the Social Hygiene Needs of New Jersey?* was the feature of the general afternoon session. Mr. William J. Ellis, Commissioner, New Jersey State Department of Institutions and Agencies was Chairman for this session. Members of the panel included Doctor C. Byron Blaisdell, Medical Society of New Jersey; Mr. Ernest L. Chase, New Jersey Social Hygiene Association; Dr. Walter Clarke, American Social Hygiene Association; Dr. Emil Frankel, State Department of Institutions and Agencies; Mrs. Albert L. Gardner, New Jersey Congress of Parents and Teachers; Doctor Allen G. Ireland, State Department of Public Instruction; Mr. William H. MacDonald, New Jersey Department of Health; and Mrs. Theodore R. Robie, New Jersey League of Women Voters.

President Gulick, presided at the annual business meeting and dinner of the Association at 6:30. Following the election of officers and the transaction of other business, Doctor William F. Snow, Chairman of the Executive Committee of the American Social Hygiene Association, spoke on *The Place of Voluntary Social Hygiene Agencies in the Nation's Program*.

The program of the General Evening Session which followed the dinner meeting included a talk by Doctor Benjamin C. Gruenberg, educator and author of *High Schools and Sex Education* and other works, on *Sex Education in the School* and an address by Rabbi Sidney E. Goldstein of the New York Conference on Marriage and the Family on *New Foundations of Marriage and Family Life*. Mrs. Albert L. Gardner, President of the New Jersey Congress of Parents and Teachers, presided at this final session of the Conference.

In addition to the more formal parts of the program, motion picture showings, displays of literature, and a teaching exhibit illustrating modern methods of diagnosis and treatment of venereal disease added interest and variety to the occasion for the large number of persons who attended the Conference.

**Marriage and the Family—North and South.**—Marriage and the family are not precisely new institutions in this world of ours but, like the weather, they continue to provide us with subjects for conversation. Perhaps that is because they, like the weather, are always with us and constitute the very element in which we live. Or perhaps it is because a new approach to these old institutions gives our discussions great freshness and vitality: being more understanding—or at any rate more anxious to understand—we look farther and behold new vistas.

The month of April was marked by two distinguished conferences on marriage and the family. First, the Sixth Annual Conference on Conservation of Marriage and the Family held at the University of North Carolina and Duke University on April 9–12 under the directorship of Professor Ernest R. Groves. Growing out of the interest of college teachers in the methodology of the instruction in preparation for marriage, the first of these Chapel Hill conferences

was held in 1934. The program of the Sixth Conference continued to feature discussions of the problems of teaching marriage but also included other topics relating to the conservation of marriage and the family and was therefore broader in its appeal than the earlier sessions. Attendance was limited to two hundred and was made up of persons drawn from a wide geographical area and representing many different backgrounds of interest. Among the speakers were President Frank P. Graham of the University of North Carolina; the Reverend Mr. Vincent Long of London, one of the best known marriage counselors of Great Britain; and Doctor Robert L. Dickinson of New York.

And, second, the Northeast Regional Meeting called by the New York State Conference on Marriage and the Family and held in New York City on April 12 and 13. Topics presented were *Youth and Marriage* (Chairman, Dr. Stanley P. Davies, Executive Director, Community Service Society of New York), *Personality Adjustments in the Family* (Chairman, Professor Henry Pratt Fairchild of New York University), and *Social Movements and Family Progress* (Chairman, Doctor Sidney E. Goldstein). Among the many distinguished speakers were Professor Ernest W. Burgess of the University of Chicago, Doctor Adolf Meyer of Johns Hopkins University, Doctor Abraham Myerson of Boston, Doctor Emily Mudd of Philadelphia, Doctor James Plant of the Essex County Juvenile Clinic, Doctor C.-E. A. Winslow of the School of Public Health of Yale University, Doctor Edith Elmer Wood, Consultant for the United States Housing Authority, and Doctor A. F. Hinrichs, Chief Economist, Bureau of Labor Statistics of the Department of Labor.

**Colorado—Western Branch A.P.H.A.**—The Western Branch of the American Public Health Association will hold its eleventh annual meeting in Denver, Colorado, June 23 through 27, 1940. The program will be devoted to discussion of public health matters of special interest to the West and will present speakers of National and Western prominence. Inquiries should be addressed to Doctor A. L. Beaghtler, Director of Health Service, Denver Public Schools or to Mr. W. F. Higby, Secretary of the Western Branch, 45 Second Street, San Francisco.

**Connecticut—New England Health Institute.**—The New England Health Institute held its tenth annual meeting in Hartford on April 15–19. Sponsored by the State Health Departments of the New England States, the United States Public Health Service, the Children's Bureau of the United States Department of Labor, the Public Health Departments of the New England Colleges, the Connecticut State Nurses Association, the Connecticut State Medical Society, and the Connecticut Public Health Association, this important gathering is sub-divided into some sixteen section meetings covering the field of public health, from the problems of administration to that of protecting the milk supply. More than a hundred papers are presented at these section meetings.

Section VI, under the Chairmanship of Doctor R. A. Vonderlehr, Assistant Surgeon General, United States Public Health Service, was devoted to venereal diseases. The section program included the following addresses:

#### April 16

*Gonorrhea as a Major Public Health Problem*, Dr. N. A. Nelson; *Syphilis in Industry*, Dr. Paul Padgett; *The National Program for Venereal Disease Control*, Dr. R. A. Vonderlehr; *Syphilis in Pregnancy and the Offspring*, Dr. W. P. Boardman; *The Premarital Blood Test Law*: A—In New Hampshire, Dr. T. P. Burroughs; B—In Rhode Island, Dr. L. A. Round; C—In Connecticut, Dr. S. H. Osborn; *The Prenatal Blood Test Laws*: A—In Maine, Dr. R. L. Mitchell; B—In Massachusetts, Dr. P. J. Jakmauh; C—In Rhode Island, Dr. L. A. Round; D—In Vermont, Dr. C. F. Dalton.

#### April 18

*Evaluating the Effectiveness of the Public Health Nursing Service in the Prevention of Syphilis and Gonorrhea*, Evangeline H. Morris, B.N.; *The Treatment of Syphilis*, Dr. A. B. Cannon.

#### April 19

*Quackery and Charlatanism as a Menace to Venereal Disease Control*, Dr. Walter Clarke; *The Venereal Disease Program in New Jersey*, Dr. A. J. Casselman; *Syphilis and Gonorrhea Control (principles of Case Finding and Case Holding)*, Dr. C. C. Pierce.

**Indiana—Sex Education Institute.**—Doctor Harriet Cory, Executive Director of the Missouri Social Hygiene Association, conducted a one-day institute on sex education on April 24th at a meeting of the Central District of the Indiana State Nurses Association.

**Indiana—Venereal Disease Conference.**—More than four hundred persons attended a very successful two-day conference on the venereal diseases held in Indianapolis on March 28th and 29th. Doctor George W. Bowman, Chief of the Bureau of Venereal Diseases of the Indiana State Board of Health, presided at the several sessions. Speakers included Doctor Verne K. Harvey, Commissioner of Health of the State and Doctor Ernest Rupel also of the Indiana State Board. Among the many items on a full and interesting program were the following addresses:

*Primary Syphilis*, Dr. John J. Thrasher; *Secondary Syphilis*, Dr. John R. Brayton; *Congenital Syphilis*, Dr. Norman Beatty; *Central Nervous System Syphilis*, Dr. Larue D. Carter; *Laboratory Interpretations*, Dr. Clyde Culbertson; *Acute Gonorrhea*—Male, Dr. Walter P. Morton; *Chronic Gonorrhea*, Dr. Roy Lee Smith; *Vulvovaginitis, G. C.*, Dr. Alfred S. Jaegar; *G. C. Female*, Dr. Carl Habich; *Chancroidal Infection*, Dr. R. Don Howell; *Prophylaxis*, Dr. A. F. Weyerbacher; *Investigation and Legal Control Measures*, Leo J. Rail; *Prenatal and Premarital Laws*, Charles L. Barry, Jr., Deputy Attorney General of Indiana; *Pre-School and School Age Social Hygiene Education*, Frank S. Stafford; *Home Care of Children with Vulvovaginitis*, Members of staff of Indianapolis Public Health Nursing Association.

**Indiana.—The League Against Venereal Diseases of Fort Wayne, Indiana,** held its annual meeting on April 18th.

Andrew G. Burry was re-elected president, R. Nelson Snider, vice-president, Harry E. Lowery, treasurer, and Clem J. Steigmeyer, secretary. Elected to

the Executive Committee for the coming year were Harry W. Baals, Frank E. Bohn, Mr. Burry, Dr. Karl C. Eberly, E. J. Gallmeyer, Arthur F. Hall, Harry G. Hogan, Mr. Lowery, Donnelly P. McDonald, Robert M. Pollak, Mr. Snider and Mr. Steigmeyer.

Fort Wayne is the city that held its 1939 Social Hygiene Day meeting in the midst of the worst blizzard of recorded history and had an audience of over 1,700 in spite of it. Fort Wayne carries on in spite of the weather: winter, spring, or any other variety.

**Louisiana—State Conference of Social Welfare.**—The twenty-fourth annual meeting of the Louisiana Conference of Social Welfare was held in Shreveport on April 18–20. Among the associated groups presenting special programs in connection with this gathering was the American Social Hygiene Association, which sponsored a luncheon meeting on April 18. Doctor A. A. Herold, Chairman of the Advisory Board of the Shreveport-Caddo Parish Health Unit presided at this luncheon. Speakers included Doctor O. C. Wenger, Senior Surgeon, United States Public Health Service, who spoke on the part of the United States Public Health Service in the syphilis control program; Doctor Ford S. Williams, Director, Division of Venereal Disease Control of the Louisiana State Board of Health, who discussed the State control program; Mr. Philip Schiff, who presented the work of the New Orleans Social Hygiene Association; and Doctor W. J. Sandidge, Caddo Parish Health Officer, who talked about Shreveport's own program. Mrs. William Haller, Jr., Field Secretary for the Southern States Division of the American Social Hygiene Association, was in general charge of arrangements.

**Missouri.—The Kansas City Social Hygiene Society** sponsored a Family Life Institute in that city on April 28–May 4 under the leadership of Mr. Roy E. Dickerson, president. The program was divided into three sections, with special meetings for young people, ministers, and parents respectively. With Mr. Howard Stout as Chairman and Mr. William F. Brenizer as Co-Chairman, the Youth Section, meeting in the Auditorium of the University of Kansas City, held sessions on *Walking Backward Into Marriage*, *Courting*, *When a Couple Are Engaged*, and *Education for Modern Marriage*.

The meetings for ministers included a general luncheon meeting and two seminars, dealing with methods of counseling with special reference to preparations for successful home and family life.

The conferences for parents were devoted to sex character education and included discussions of *Preparing the Child for Adolescence*, *Foundation of Healthy-Minded Attitudes*, *How Children Develop Personality*, *Emotional Health in Adolescence*, and *Safeguarding the Home*. A special meeting for fathers only took as its subject *Ammunition for Fathers*.

Excellent publicity in the newspapers and over the radio brought the Institute meetings to the attention of the public, resulting in a large attendance of interested persons at all sessions.

**New York—Safety Convention.**—The 11th Annual Safety Convention and Exhibition was held in New York City on April 16-18. Sponsored by the Greater New York Safety Council and a group of cooperating agencies, the program covered occupational health hazards, industrial safety, school and recreational safety, and street and highway safety. A feature of one of the sessions on occupational health hazards was a talk on *Syphilis as a Medical Problem in Industry* by Doctor Theodore Rosenthal, Director, Bureau of Social Hygiene, New York City Health Department.

**Tennessee Anti-Syphilis Committee Organizes.**—Early in April, the organization of the new Tennessee Anti-Syphilis Committee was speeded up with the acceptance of the state chairmanship by Mr. Cornelius A. Craig, Chairman of the Board of the National Life and Accident Insurance Company. At present, the membership of the committee numbers 43 and rather thoroughly represents the northern and southern and the eastern and western sections of this state. An appeal for funds has been made by Mr. Craig. His appointment and the appeal have brought sufficient contributions and publicity to indicate that there is real interest in social hygiene in Tennessee.

Committee members are: Cornelius A. Craig, *Chairman*, Mrs. Marc Anthony, Dr. E. L. Bishop, Mrs. E. L. Bishop, Rev. Clifford Barbour, D.D., Neil Bass, C. Arthur Bruce, Dr. Chilton E. Byington, W. S. Carroll, Dr. Horton Casparis, George H. Cate, M. G. Chambers, Mrs. William Calvert Chaney, Dr. W. H. Enneis, Mrs. Dancy Fort, Dr. R. K. Galloway, George Gant, Dr. S. C. Garrison, Dr. Lloyd Myers Graves, Mrs. E. W. Hale, Mrs. Rogers Herbert, Dr. James D. Hoskins, Mrs. L. W. Hughes, Dr. J. W. Kelso, Dr. Waller S. Leathers, William N. McAnge, Jr., Spence McCallie, George F. Milton, Harcourt C. Morgan, Dr. Hugh J. Morgan, E. W. Palmer, Perry Pipkin, Mrs. W. C. Ross, Dr. C. F. N. Schram, Dr. H. H. Shoulders, Raymond Skinner, John H. Sorrells, Keith M. Spurrier, Mrs. Carl V. Stafford, James G. Stahlman, J. C. Stone, Dr. E. A. Sutherland, Mrs. Arch Trawick, Dr. W. C. Williams.

**The Social Hygiene Society of the District of Columbia** held its twenty-second annual dinner meeting on May 3, with Dr. Hugh H. Young, of Johns Hopkins University, as the speaker. At a business session the following members of the Board of Directors were elected for the 1940-43 terms:

Birch E. Bayh, Edith Seville Coale, M.D., Albert E. Conradis, Paul B. Cornely, M.D., Lewis C. Ecker, M.D., Robert Scott Lamb, M.D., Mrs. Julius Lansburgh, William J. Mallory, M.D., Mrs. Lawrence Martin, Benjamin M. McKelway, Beatrice Mullin, Vincent Saccardi, Esther Scott, Daniel Seckinger, M.D., Mrs. Walter S. Ufford. At a meeting of the Board on May 8th, officers for the ensuing year were elected as follows: President, H. H. Hazen, M.D., First vice-president, Rhoda Milliken, Second vice-president, Lewis C. Ecker, M.D., Secretary, Mrs. Lawrence Martin, Treasurer, W. W. Wheeler.

## YOUTH NOTES

*Prepared by the YOUTH SERVICE, American Social Hygiene Association*

**New York State Conference on Marriage and the Family**, Doctor Sidney Goldstein, Chairman, devoted Friday evening, April 12, of their two-day annual conference to the problems youth faces in marriage and the solutions which may be offered. Doctor Sidney Goldstein organized a group, representing various interested agencies throughout the city, to compose a report of youth problems from three angles: How young people may meet each other; How they are to secure the necessary economic means for marrying and establishing a home; How they are to secure adequate preparation for marriage. This paper was read at the Friday evening meeting, and several experts including Doctor Stanley P. Davies, Community Service Society of New York; Professor Ernest W. Burgess of the University of Chicago; Professor Bertha Gold of Hunter College; Professor David M. Fulcomer of Drew University; and Professor Norman E. Himes of Colgate University discussed its contents. . . . The Philadelphia Youth Council has organized and developed an immense program which covers all phases of health and reaches all over the city of Philadelphia. In brief their three objectives are:

1. Complete physical examinations including blood tests and chest x-rays for all youth.
2. Arrangement of hospitalization plan for college and unemployed youth, and

3. The extension and promotion of an anti-syphilis campaign based on public education.

The latter part of the program, public education regarding venereal diseases, has been waged through every medium available: public displays, newspapers, other printed materials, films, radio, and public meetings. This huge job is being accomplished through the excellent cooperation of nearly all the health and youth agencies in Philadelphia. A.S.H.A. Youth Service has offered constant advice and suitable materials. . . . Reverend J. M. Gregory of the Presbyterian Student Center, University of Louisiana is carrying on a six-weeks' bi-weekly discussion on marriage and pre-marriage relationships. A.S.H.A. Youth Service has cooperated by furnishing pamphlets, books and displays. Doctor Gregory lends a copy of *Marriage and Sexual Harmony* to each couple that he marries. . . . Miss Mildred Schpeiser reports that the Queens (N. Y.) Youth Assembly is carrying on its social hygiene program with the aid of local medical men as lecturers. They have proved to be interesting and effective speakers. . . . On Saturday, April 27, Dr. Maurice A. Bigelow addressed the Lehigh Valley Youth Conference. His topic was *The Individual, the Family, and Democracy*, and he especially stressed the importance of the family and democracy for individual youth.

## IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

Syphilis pushed the war news off the front page this month with the announcement of the "5 day intravenous drip treatment," evolved by Drs. Harold Thomas Hyman, Louis Chargin and William Leifer of Mt. Sinai Hospital, New York. *The New York Times* (April 13, 1940) was one of the few newspapers to use the word "treatment"\* in the headline. Since the release of this nation-wide publicity, Mt. Sinai Hospital has received hundreds of letters from persons throughout the country asking for this treatment. Dr. Walter Clarke of the



American Social Hygiene Association has issued a statement (see page 212) giving the present limitations of our knowledge as to the use of this treatment, and explaining that for the present it is still in the experimental stage and not available for widespread application.

Prevalence of syphilis has again come into the headlines, with the *New York Times* (April 4, 1940) in its editorial column, *Topics of the Times*, summarizing the various figures on prevalence. On the basis of studies made by the statistician of the American Social Hygiene Association, it is still estimated that one in twenty of the population of the United States is infected with Syphilis. *The Raleigh, North Carolina News & Observer* (April 6, 1940) commenting on the *Times* editorial, has this to say: "Whatever the statistical truth may be, the United States will be a better and healthier country for the frank dealing with this plague. In the South, where the prevalence of the disease is supposed to be greater than in other sections, such work as that being carried on in North Carolina by the State Board of Health with the aid of the Reynolds Fund should certainly not be slackened. Whatever the rate of the disease's incidence may be, its existence is a threat to the safety of all."

The first meeting of the Joint Committee of the American Social Hygiene Association and American Pharmaceutical Association to further cooperation between social hygiene workers and pharmacists, took place on April 24th at the A.S.H.A. office. Drug publications including *Drug Topics*, *The Apothecary*, *The American Druggist* and others have been very cooperative in presenting the program on venereal diseases, and in the months to come even greater cooperation is expected.

"Quack, quack, quack, the Spirochete Sings," heads an excellent article in the February 3rd issue of the *Pittsburgh Medical Bulletin*, in which they state a *Thought For Tomorrow*: What still is needed is \$\$\$\$ and lots of them. But the new campaign must be shifted in the direction of more widespread and more informative education. . . . This brings us to the 1940 New York World's Fair, where a measurement of the nation's "I.Q." about syphilis and gonorrhea will be inaugurated, when a special testing project gets under way under the joint auspices of the A.S.H.A. and U.S.P.H.S. The Fair opens May

11th, and newspaper comment, following a release of April 24th, has been generous:

"Has the venereal disease education program given the people facts upon which they can take intelligent action?" Dr. Parran asked. "That is what we want to know. And we hope that in finding this out we will obtain fundamental information upon which to build a continuing scientific program of individual and community education for the future." . . .

With the summer months approaching, we are also thinking of the Junior Chamber of Commerce annual meeting in Washington, when awards will be presented to the winning Chambers for the best venereal disease program for the past year. A good time to work up local publicity. . . . Reports regularly coming in from our Central States Division show that Mrs. Florence Barris certainly is on the job in getting publicity for the anti-syphilis campaign. . . . A representative of "P.M.", the new 32-page illustrated weekly newspaper, to appear in New York around June 1st, tells us that they are anxious to carry current information on public health problems, particularly the venereal disease program. . . . Appearing in the *Silver City, New Mexico Enterprise* (March 8, 1940) is the first of a series of educational advertisements dealing with venereal diseases, run by the local drug stores. . . . Are your drug stores helping in this way? . . . I also read that Southern Michigan prison inmates are making metal signs warning the passersby about the dangers of syphilis. This is sponsored by the Junior Chamber of Commerce of Detroit, under the direction of the State Health Department. . . . Remember the National Conference of Social Work to be held at Grand Rapids, Michigan, May 26, and let your local newspaper know if you are going. . . . As this goes to press, the great news comes from Washington, that the Senate has passed the \$7,000,000 appropriation for Federal Assistance to the states in venereal diseases control work. This bill (H.R. 9007) now goes to conference between the House and Senate. . . .

Write in and let us hear about your publicity problems.

\* Rather than "cure".

## ANNOUNCEMENTS

**Last Month.**—The Number on *Quackery and Self-treatment* is more than usually popular. . . . We have a limited quantity of the whole issue at 35 cents a copy, and reprints of two of the articles. . . . *Illegal and Unethical Practices in the Diagnosis and Treatment of Syphilis and Gonorrhea*, by Mary S. Edwards and Paul M. Kinsie . . . and *Standards and Ethics of the Pharmaceutical Profession—How Can the Cooperation of the Pharmacist Be Obtained?* by A. G. DuMez, president of the American Pharmaceutical Association. 10 cents each, \$5.00 a hundred.

**This Month.**—Three of the articles in this *Family Number* were preprinted, owing to the demand for the information contained. . . . *The Five Day Treatment for Syphilis*, by Dr. Clarke, is Pub. A-272. . . . *Premarital Examination Laws in Operation*, by Mary S. Edwards, Pub. A-271, is interesting summary of results to date in the 20 states having such laws, bringing out some important points. . . . *The Story and the Moral*, by Dr. John Pate, Pub. A-275, should be read by every law enforcement officer and health authority in the country. . . . We shall also have reprints of Miss Gane's fine article *Community Safeguards in the Protection of Childhood and Youth* . . . and of Dr. Wilbur's *Human Hopes*. . . . *The whole number will be available at 35 cents a copy or \$3.00 a dozen*. One health officer sent in an advance order for 38 copies of this number for county chairmen of parent-teacher associations and other groups.

**Next Month.**—The June JOURNAL will be the *Eighth Annual Library Number*, with a big grist of book reviews classified by subject . . . the *Social Hygiene Bookshelf for 1940*, and other useful articles and items. 35 cents, as usual.

**Our Industrial Number.**—The requests for this number keep coming. . . . If you have not sent in your order yet, may we suggest you do it soon? Some social hygiene societies are putting a copy in the hands of all important industries in their communities. . . . The center chart—*Syphilis is Bad Business*, has attracted much favorable comment. This may be ordered separately at small cost.

**Back Numbers of the Journal.**—We are able to make a special offer on these at present. . . . *Eight issues for \$1.00*. . . . If you have favorite numbers of the past few years, here is your chance to get an extra supply. . . . The eight all of one issue if you want it that way . . . as long as they last.

**This is One We Want.**—We'll have to take back the offer in the previous paragraph so far as the March, 1940, *Anniversary Number* is concerned. . . . On the contrary, we'll appreciate your sending yours back if you are willing. . . . Our stock has been exhausted for a month or more. We'll be glad to refund postage, and thank you.

**That Proposed New Film on Gonorrhea.**—It is needed, and wanted, if we may judge from the replies so far received from JOURNAL readers and our special correspondence. . . . If you have not yet sent in your comments, please let us have them as soon as convenient. The film will be one-reel, all talking, and the price will be \$50 for 16 mm and \$75 for 35 mm.

**With These Weapons**, meanwhile, is gaining every day in popularity. . . . Nearly 200 prints have been called for as this is being written, and we constantly learn of new and interesting ways in which this new one-reel talking film is being used. . . . In Rhode Island, for example, the State Board of Health arranged to have it shown as a trailer for Dr. Ehrlich's Magic Bullet. . . . In California, the State Department of Health loaned prints to motion picture exhibitors for showing as an educational short. . . . Your community theatres may be waiting to be asked. *Don't disappoint them!*

**The Digest of Laws.**—Publishing a law book takes time, but we are glad to announce that our new *Digest of Laws and Regulations relating to Syphilis and Gonorrhea in the 48 States and the District of Columbia* (perhaps its long title that takes the time) will be off the press by the time this number of the JOURNAL reaches you. . . . We are binding this in loose-leaf form, to permit easy revision. . . . 438 pages, with foreword by Surgeon General Parran, a preface by Bascom Johnson, the compiler, and a series of helpful appendices, in heavy board cover, with post binders. . . . \$5.00 a copy. Ten per cent discount to Association members, as usual.

**Mr. Everett Thanks You.**—Mr. Ray H. Everett, chairman of the Association's Membership Committee, takes this opportunity to express his appreciation of the prompt and generous response to his recent letter concerning 1940 dues. . . . Our records will still accommodate quite a few more, in case you have been delayed in sending yours in.

# Journal of Social Hygiene

**Eighth Annual Library Number**



ALL AGES SEEK THE LIBRARY  
FOR SOCIAL HYGIENE BOOKS

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**Fifth National Social Hygiene Day**  
**February 5, 1941**

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

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### WHAT IS YOUR HEALTH "I.Q."?

Visitors to the "Quiz Corner" operated by the American Social Hygiene Association, in the Medicine and Public Health Building at the 1940 New York World's Fair, find out how much they know about syphilis and gonorrhea. In the upper left photograph tests are being scored by an Association staff member. In the lower picture two young people hand over their test sheets for scoring by the International Test Scoring Machine.

Despite the cold and rain of "very unusual weather" an average of 341 daily visitors to the New York World's Fair took the health tests at the *Quiz Corner* in the Medicine and Public Health Building during the last 3 weeks of May. Sponsored jointly by the American Social Hygiene Association and the United States Public Health Service, the Quiz Corner this year will attempt to find out what the Fair-going public knows and thinks about syphilis and gonorrhea. The data collected, it is hoped, will serve to measure the success of the educational side of the campaign against these diseases and to provide a blueprint from which further public health education may be carried on.

A tabulation of the first 600 quiz sheets on syphilis turned in showed an average of 20.7 correct answers out of a possible 28. Women's average score was 21, men's 20.5. Slightly more men than women took the test. The first four questions in the quiz were designed to find out public attitude toward the relative importance of three important public health problems,—viz: tuberculosis, syphilis, and cancer. To the first, *Which one of these diseases do you know the most about?* 59 per cent answered "tuberculosis," 35 per cent "syphilis" and six per cent "cancer." To the second, *Which one of these diseases do you know the least about?* 71 per cent answered "cancer," 18 per cent "syphilis," and nine per cent "tuberculosis." The third question, *Which one of these diseases is the greatest menace to health?* brought the replies from 63 per cent "syphilis," from 23 per cent "cancer," from 14 per cent "tuberculosis." To the fourth question, *Which one of these diseases ought you to know most about?* 77 per cent replied "syphilis," 13 per cent "tuberculosis," and 10 per cent "cancer."

Twenty-seven other questions cover other important facts about syphilis. Later in the season a quiz on gonorrhea will be offered, and possibly other sets of test questions.

An interesting bit of information revealed by the 600 quiz candidates was that 60 per cent of these men and women stated they had taken a blood test.

# Journal of Social Hygiene

VOL. 26

JUNE, 1940

NO. 6

## Eighth Annual Library Number



The JOURNAL takes pleasure in presenting this Eighth Annual Library Number, which we believe includes mention and review of a more than usually large number of fine books and other publications relating to the field of social hygiene. In addition to these, various other reviews have been published in the JOURNAL since the Seventh Annual Library Number in June 1939, and the reader searching for other references is directed to the yearly index which appears in the December issue.

Members and readers are invited to send the editors suggestions regarding books they would like to see reviewed, or comments on any new publications which will help us determine their value.

Unless otherwise indicated, reviews are prepared by the Editorial Board and Association staff.

## BOOK REVIEWS

### Books of General Interest

**CHILDREN IN A DEMOCRACY.** General Report Adopted by the White House Conference on Children in a Democracy, January 19, 1940, Washington, D. C. Superintendent of Documents. 86 p. 20 cents.

This report was prepared by a committee of 27 persons representing different professions and interests affecting the welfare of children, under the chairmanship of Homer Folks. The material is organized under the following heads:

*The goals of democracy, The child in the family, Religion in the lives of children, Educational services in the community, Protection against child labor, Youth and their needs, Conserving the health of children, Children under special disadvantages, Public administration and financing, Government by the people, Call to action; and is accompanied by a series of seven charts illustrating the topics.*

The report contains 98 recommendations for the health and welfare of children, and is submitted, in the words of the report chairman, "to the American people in the hope that it may, in some degree, clarify the present situation of the children of America and stimulate increased interest and greater effort toward a more complete realization of the ideals of the American people for their children—the children of the American Democracy."

Previous to the general session with which this report deals, an initial session was held on April 26, 1939. Between then and January 18, 1940, the Planning Committee of 72 members with the cooperation of the Report Committee, the staff of which Mr. Philip Klein was research director invited members of the conference and developed the program and the conference group to a total of 676 persons. Thus the Conference, organized at the suggestion of the President of the United States, was truly a citizens' enterprise, in which those representing many types of professional and civic interest, practical experience, and political and religious belief joined together to consider the aims of our American civilization for the children in whose hands its future lies.

This was the fourth in a series of children's conferences held during the past thirty years, in each case called by the President of the United States, the first conference being under the administration of Theodore Roosevelt. The present report will, the Conference hopes, serve as a guide for those who are dealing with children during the next decade.



WAYS TO COMMUNITY HEALTH. By Ira V. Hiscock. New York, Commonwealth Fund, 1939. 306 p. \$3.00.

This book is another of the useful series published by The Commonwealth Fund, and upholds the standards and tradition for practical value set by Professor Hiscock and his associates in other health education volumes. How can the health worker get his message over to the public? When and how can meetings, newspapers, leaflets, exhibits, movies, the radio, be used? What are the principles underlying community health education programs? In the introduction, the growth of health education as an aid to prevention and control of disease is traced from its beginning some forty years ago.

The chapter headings and the subjects of four appendices give a picture of the comprehensive collection of material: *I. Introduction, II. The basis for public health education, III. Participation of community groups, IV. Meetings, V. The newspaper, VI. Printed Matter, VII. The radio, VIII. Exhibits, IX. Motion pictures, X. Some aids on the job, XI. Promoting sanitation and safety, XII. A campaign against an acute infectious disease: Diphtheria, XIII. Campaign against tuberculosis and syphilis, XIV. Teaching people how to live; Appendix A. Sources of material for public health education, Appendix B. Suggestions for the purchasing of printing, Appendix C. A pioneer health education leaflet: "Contagious consumption," Appendix D. A city health education program.*

The book is illustrated profusely with examples of actual health education material, and each chapter is supplemented by a generous list of references for further reading.

JEAN B. PINNEY

THE PUBLIC HEALTH ADMINISTRATOR. By Elwood Street. New York, McGraw-Hill Book Company, 1940. 422 p. \$4.00.

This is a practical book for a practical person. Superintendents of institutions or agencies and board members, teachers and students who are looking for intelligent, concise guidance, will find it here in full measure. Chapter headings indicate the wide scope of the text:

*The significance and development of public welfare administration, The fields and units of public welfare administration, Public welfare as a type of organization, The administrator's limitations, Basic attitudes and practices, Law and order within the agency, Internal administrative practices, Personnel procedure, Staff discipline and morale, How to handle government funds, Property is money!, Purchasing—with Government money, How to get there—and back, Communication, Records and statistics, Interpretation from the administrative point of view, The external mediums of interpretation, The world outside the agency, Special problems of public assistance agencies, Special administrative problems of institutions, The board of the public welfare agency, The central public welfare agency, The faith of the administrator.*

An appendix suggests how the volume may be used as teaching material. A carefully worked out index is appended, and problems posed at the end of each chapter stimulate the reader to mental review of what he has learned. References for further reading also supplement each chapter.

Those, like the present reviewer, who have "sat under" Mr. Street as he expounded on the subject of public welfare administration and other topics will be prepared as a matter of course to find in his book efficient organization of the material, a path clearly charted, and no

necessary detail lacking. Most of all they would expect to find such a final chapter as has been written on "The faith of the administrator." Readers not previously acquainted with the author will enjoy a new and stimulating experience.

JEAN B. PINNEY

**EDUCATION FOR DEMOCRACY.** The proceedings of the Congress on Education for Democracy held at Teachers College, Columbia University, 1939. New York, Bureau of Publications, Teachers College, Columbia University, 1939. 466 p. \$2.50.

This volume contains the proceedings of the Congress on Education for Democracy held at Teachers College, Columbia University, August 15 to 17, 1939, organized by the Lay Council of Teachers College for the purpose of developing greater common understanding and cooperation in respect to democracy as a way of life, was attended by a large and interested group. A committee formed of twenty-eight lay organizations represented all aspects of American life. Teachers College undertook to form a national committee of educators. Social hygiene workers will be especially interested in the papers dealing with family life and young people. Among the topics and speakers in this section of the conference were:

*Present educational opportunities for rural youth in democracy: The future farmers of America* by Elmer Johnson, National Vice-President, Future Farmers of America; *4-H prepares for living in a democracy* by Blanche Brobeil, Assistant State 4-H Club Leader, Ames, Iowa; *My experiences in 4-H club work* by Walton Thompson, Black Creek, North Carolina; *The significance of the folk school type of education for rural citizenship* by Chris L. Christensen, Dean, College of Agriculture, University of Wisconsin; *My training for citizenship in the farm folk school* by Robert E. Conway, Janesville, Wisconsin; *The contribution of higher education and adult education to democracy: Responsibilities of higher education in a democracy* by Karl W. Bigelow, Director, Commission on Teacher Education, American Council on Education; *The contribution of higher education to democracy* by Mildred H. McAfee, President, Wellesley College; *The contribution of adult education to democracy* by Morse A. Cartwright, Director, American Association for Adult Education.

**SOCIAL CASE WORK IN PRACTICE.** Six Case Studies. By Florence Hollis. New York, Family Welfare Association of America, 1939. 313 p. \$2.50.

The author is Assistant Professor of Family Case Work, School of Applied Social Sciences, Western Reserve University. In the introduction to this book, she states that while case work has not yet developed universally accepted principles of treatment, some agreement on fundamentals is beginning to emerge and certain schools of thought are beginning to crystalize. Discussion of principles and theories in the writings of recent years, she believes will be supplemented advantageously by case studies like those included in this volume. Six cases are discussed in detail; the case-work method employed, the progress of the efforts to adjust the clients and improve the situation, and the results achieved are described. A final chapter entitled *Principles underlying treatment in these cases* discusses general fundamentals in social case work applicable to the whole field. A six-page bibliography rounds out the book.

**BE HEALTHY.** By Katharine Bruderlin Crisp. Philadelphia, J. B. Lippincott Company, 1938. 532 p. \$1.56.

This volume is produced by the Department of Research and Curriculum of the Denver Public Schools. The author is a high school teacher of biology, and the book is planned especially to meet the needs of the Denver curriculum. The contents contains health subjects in which high school pupils are or should be interested. Classroom questions asked by pupils have guided the selection of subject-matter. Like all progressive writers and teachers in this field, the author believes that study of health should be carried on throughout life and that it is a part of many other studies rather than a subject by itself. The book is so organized, however, that it may be used as a textbook in special health education classes. The contents are organized in four sections as follows:

Section I: *Correct Living and Personal Appearance: An upright body, A healthy skin, Well-kept hair, Clean hands, Well-formed feet, Sound teeth, Voice, breathing and facial expression, Your vision, Your hearing, Suitable clothes.* Section II: *Correct Living and Well-being: Food and nutrition, The blood stream, Removing waste materials, Health-giving air and sunshine, The body at work and at play, Rest and sleep, Coordination and control, Can aging be retarded?* Section III: *Correct Living and Community Health: Controlling communicable diseases, A healthful community, Providing for the welfare of others, Reducing the accident toll.* Section IV. *Correct Living and a Wholesome Personality: What you are and what you can be, Interfering with the safety brakes, Deceiving ourselves, Being ourselves in a world of people.*

The book would be more valuable if the chapter on communicable diseases contained brief discussions of syphilis and gonorrhea; but it is recognized that some school boards do not consider that teaching methods with regard to these diseases have been as yet successfully worked out.\* Some of the references given at the end of the various chapters and the comprehensive list of books and magazines and sources of the same remedy this lack in the general text. *Be Healthy* is extensively illustrated with photographs and drawings which will increase the interest and the understanding of the student. A 30-page glossary with key to pronunciation, and a carefully worked out index add to the value of the book.

**THE SOCIOLOGY OF CHILDHOOD.** By Francis J. Brown. New York, Prentice-Hall, 1939. 498 p. \$2.50.

The author is Associate Professor of Education at New York University and disarms the readers by dedicating this volume "To the two young sons who have shattered most of my theories but have been my best teachers." While the book is intended especially as a textbook for teachers and others working with children, many parents and all who are interested in children would enjoy reading the greater part of it because of its human interest and charm of presentation.

The volume includes an introduction and seven parts under the following headings: *Part I. The social processes, Part II. The child and his family group, Part III. The child and his play group, Part IV. The child and his school, Part V. The child and his leisure, Part VI. The child and the state, Part VII. The child and religion.* A bibliography and index add to the usefulness of the book and an appendix lists selected magazines for parents, for children, representative

\* For successful handling of such class-room teaching, see the Government publication *Communicable Diseases* by A. M. Stimson, published by the U. S. Public Health Service. 25 cents.

organizations conducting research in child development, and representative organizations serving children and young people.

A number of favorable reviews have appeared concerning this book. The *American Journal of Sociology* says it "correlates current literature and researches respecting the life of the normal child in its social aspects—in the family, in play groups, the school, the state, and the church." *American Sociological Review* says the book "fills the gaps left by previous textbooks in the field of educational sociology. Students of education in colleges and teachers' colleges will receive a more balanced training when child sociology, so well outlined in this book, is universally included in their pre-service and in-service training." *The Survey*: "Here is a textbook as human and homely as a talk over the back fence."

**MEN AGAINST MADNESS.** By Lowell S. Selling, M.D. New York, Greenberg, 1940. 342 p. \$3.50.

*Men Against Madness* is the result of years of fact gathering by Dr. Selling, who is Director of the Psychopathic Clinic of the Recorder's Court in Detroit. The story of the study of madness from the days of the cavemen to the present is told in terms of the scientists who delved into the subject and evolved methods for improving the treatment of the mentally ill.

In popular vein, reinforced by human anecdotes, Dr. Selling tells of the work of pioneers in this field, including Pinel, Bernard, Kraepelin, von Jauregg, and Dorothea Dix.

For workers in the field of social hygiene the chapter which deals with the *Organic Approach* will be of special interest. A part of this chapter is devoted to a discussion of paresis, the mental breakdown caused by syphilis. In his anecdotal manner, the author describes a typical interview between patient and physician, introduces the reader to Hughlings Jackson, Fritz Schaudinn, August von Wassermann, Paul Ehrlich and Hideyo Noguchi. The steps by which the cause and cure of this mental malady have been discovered within the past hundred years are dramatically outlined.

Dr. Selling gives credence to the theory that syphilis "was very likely one of the gifts that Columbus' sailors brought back from the new world to present to the citizens of Spain."

Optimism is the keynote of the book. Its underlying thought is expressed in the foreword, which states that "No one should be surprised if, at the end of the next twenty years, more than half of the mentally sick persons admitted to our hospitals would be discharged as cured." The author believes this to be so despite the fact that the insane population today seems to be increasing in numbers. This increase, he feels, is not an actual increase of cases, but rather due to the fact that "we are recognizing more mental cases and hospitalizing them so that they will get adequate and early care."

**THE HEALTH INSURANCE DOCTOR.** By Barbara N. Armstrong, J.D., Ph.D. Princeton University Press, 1939, and in London by the Oxford University Press. 264 p. \$3.00.

*The Health Insurance Doctor* describes the role of physicians in Great Britain, Denmark and France in their insurance schemes for

the care of the sick, in a critical study of the health insurance organizations and functions in the three countries mentioned. The views of minority groups in these countries are presented, including the desire of some organizations for considerable extension of health insurance services. Two types of health insurance are contrasted, the first providing medical services as in Britain and Denmark, and the other indemnifying illness as in France.

The author is a lawyer and economist who was formerly the executive secretary of the California Social Insurance Commission. She has long been known as a vigorous advocate of health insurance. In 1939 she published *Insuring the Essentials*, a more comprehensive work including discussions of minimum wages, workmen's compensation, health insurance, and unemployment insurance. Her present book is well documented, well printed and well indexed.

WALTER CLARKE, M.D.

HEALTHFUL LIVING. By Harold S. Diehl, M.D. New York, McGraw-Hill Book Co., 1939. 634 p. \$2.50.

Dr. Diehl, Professor of Preventive Medicine and Public Health and Dean of Medical Sciences of the University of Minnesota, is one of the best qualified men in the United States to write such a book. This is a new second edition based on his ever-widening experience. The first edition won its place among a small group of widely-used college texts upon hygiene and the general principles of preventive medicine. This edition has amplified various chapters, and revised others in the light of practical use by both teachers and lay readers. As a reference source, social hygiene workers will find it includes good chapters on the glands of internal secretion, normal sex life, modern parenthood, mental health, and helpful indications throughout the text upon how these are related to the body and its functioning as a whole.

YOU'RE THE DOCTOR. By Victor Heiser, M.D. New York, W. W. Norton & Co., 1939. 300 p. \$2.50.

It seems as if all the world had read *An American Doctor's Odyssey*. This being the case, why bother about reviewing this new book by the same author—*You're the Doctor*. Everyone will buy it as soon as he knows it was written by Dr. Victor Heiser, and published by W. W. Norton and Company.

This book, like the previous one, is built around the author's philosophy that "Life is an adventure, full of hard work it is true, but also plenty of fun and real diversion." "Every man desires to live long but no man would be old. You do not need to feel old if you have managed to preserve a sound mind in a sound body."

It is about this body, how to keep it sound, and how to equip the mind within it to function effectively in securing protection, that Dr. Heiser writes. As the publisher says, this book is addressed to normal people who want to keep well, and to people who are

capable of a much higher health standard than they are now realizing. It does not attempt to prescribe for illnesses or those situations where obviously a physician should be consulted.

**FIGHTING FOR LIFE.** By S. Josephine Baker. New York, Macmillan Company, 1939. 264 p. \$2.75.

This book is a rare combination of biography and current events in the life of one of our most distinguished physicians and trusted leaders in public health and hygiene. Dr. Baker's story of "Fighting for Life" is good reading and good history of the pioneering days of child health, and the building period of the first Bureau of Child Hygiene in New York City, of which she was chief, and the United States Children's Bureau, of which she was a consultant.

There is no need to say more for readers of this Journal concerning the content of this interesting book. Librarians are always looking for good biographies for young people who are considering career services. This is one which should be especially stimulating for young women who are thinking of medicine and public health as a profession.

### **Books on Sex Education, Marriage and Family Relations**

**WE, THE PARENTS.** By Sidonie Matsner Gruenberg. New York, Harper and Brothers, 1939. 296 p. \$2.50.

Like any work by the talented Director of the Child Study Association of America, or her co-author as named on the dedication page, this work breaks new ground, is thoughtful, practical, shot through with humor, full of beauty and spiritual values, and phrased in rhythmic easy-to-read English. *Parents' Magazine* awarded its medal to *We, The Parents* as the outstanding book published for parents during 1939. Some of the material has been published previously in such magazines as *The Parents' Magazine*, *Child Study*, *Delineator*, *Baby Talk*, *Survey-Graphic*, *The Journal of Educational Sociology*, *The Annals* of the American Academy of Political and Social Science, *1936 Yearbook* of the Elementary Principals' Association. Chapter headings give a good outline of the contents:

*The early months and early years, Authority and the modern parent, All children differ, Halfway up the stairs, What about the "Cardinal Virtues"? Sex education today, Learning the uses of money, Children and reading, Radio and the movies, School and home, Toward adulthood, Parents are people.*

*National Parent Teacher Magazine* says in a review by Ralph P. Bridgman: "This book towers like a skyscraper among the titles added this season to the long shelf labeled 'advice to parents.'"

The book's end-papers reproduce delightful pictographs developed by the Child Study Association of America under the heading "How things have changed since Grandma was a girl—the business of raising children then and now."

MODERN MARRIAGE. Edited by Moses Jung. New York, F. S. Crofts & Co., 1940. 420 p. \$3.75.

The editor states in a foreword that this book has grown out of a course on *Modern Marriage* given for the last six years at the State University of Iowa. The interest of this institution in the subject of marriage, family life and child development is, of course, well known. The course was conducted with the cooperation of several university departments including the College of Medicine, the College of Law, the departments of Sociology, Child Welfare, Psychology, Home Economics, Philosophy, Biology, and Fine Arts.

Professor Jung, as Professor of Religion at the State University of Iowa, was in general direction of the course as he has been of the preparation of this volume. The twenty contributors, with three exceptions, are members of the faculty of Iowa University. Dr. John M. Dorsey, of the University of Michigan contributes *Chapter III, On Marriage and Mental Hygiene*; L. Foster Wood, Secretary of the Committee on Marriage and the Home of the Federal Council of Churches in America writes *Chapter XIII, A Religious Approach to Marriage*; and *Chapter XX on Mental Hygiene and Child Welfare* is by Professor Harold H. Anderson, of the University of Illinois.

The other chapters and writers are as follows: *I. Family Disorganization: Its Institutional Aspects*; *II. Its Personal Aspects*, by Grace E. Chaffee; *IV. The Background of Conflict in Marriage*, by Kurt Lewin; *V. The Aesthetics of Marriage*, by Carl E. Seashore; *VI. Factors in Family Friendship*, by Herbert Martin; *VII. The Economics of Marriage and the Family*, by Margaret G. Reid; *VIII. The Legal Aspects of Marriage*, by Mason Ladd; *IX. A Biological Perspective for Marriage*, by Andrew H. Woods, M.D.; *X. The Biological and Eugenic Background of the Family*, by W. R. B. Robertson; *XI. The Physical Aspects of Marriage*, by E. D. Plass, M.D.; *XII. The Character Implications of Marriage*, by Howard V. Meredith; *XIV. Religious Education in the Home*, by Moses Jung; *XV. Art in the Home*, by Edna Patzig; *XVI. Child Welfare: Its Guiding Principles*, by George D. Stoddard; *XVII. Educational Guidance of the Preschool Child*, by Ruth Updegraff; *XVIII. The Growth of Intelligence*, by Beth L. Wellman; *XIX. The Foster Child*, by Harold M. Skeels.

Professor Jung states that the book is considered to present the most comprehensive and authoritative approach to marriage so far made available in a college text. Some of the chapters, for example, discuss topics which have not been treated fully by any other book in this field (for example, Chapters III, VII, X, XVI-XX) while other subjects such as the legal and physical aspects of marriage and mental hygiene are discussed more comprehensively than elsewhere. There are numerous drawings and charts designed to supplement the text. A full index is appended and each chapter is supplemented by reading references. The unity of the whole volume has been safeguarded by the cooperation of the writers and the editor. It is to be regretted that the title chosen for the book is the same as that of Dr. Paul Popenoe's well-known work which has recently gone into its second edition.

THE CHALLENGE OF ADOLESCENCE. By Ira S. Wile, M.D. New York, Greenberg, 1939. 484 p. \$3.50.

The author has based this volume on a course of lectures on the *Psychology of Adolescence* given under the auspices of New York University, plus a wide experience with young people of both sexes from childhood to maturity. Like most people who have had this experience he feels that he has been the learner as well as the teacher in this relation. His effort is to survey broadly the problems which confront youth both within and without themselves in the present day

world. He aims to "cut a new path through many old fields wherein adolescents live, learn and love," and "to expose the machinery of adolescent action and to interpret its operation, that youth may be better served by parents, physicians, educators, employers, social workers, judges and ministers."

The table of contents is as follows: *The nature and meaning of adolescence, Physical maturation, Sex growth, Psycho-sexual values, Sexual adjustment, Social conflicts, Intellectual growth and education, Emotional reaction and conflict, Unconscious factors in behavior, Family influences, Companions and recreation, Religion and morals, Economics and vocation, Delinquency and crime, Pathology of adolescence—neuroses—psychoses, Politics and ethics—youth movements.*

There is an index but no bibliography to guide the reader further.

TEACHING WHOLESOME LIVING. By Alma S. Dobbs. New York, A. S. Barnes and Company, 1939. 304 p. \$2.50.

As an exemplification of a course of study in wholesome living used in the Los Angeles Schools since 1923, this book deserves mention here. For social hygiene workers, the greatest importance of the text is its contribution to a method of presenting health to children as a part of all life rather than as a special subject, but it occurs to the present reviewer that the book itself might have been more effective if the fundamental subject of sex education had been integrated instead of set apart in an appendix. A textbook which will do this satisfactorily still remains to be written. This book, of course, is especially for principals and teachers.

THE MEANING OF MARRIAGE AND THE FOUNDATIONS OF THE FAMILY.  
By Sidney E. Goldstein. New York, Bloch Publishing Co., 1940.  
95 p. 50 cents.

Out of his deep interest in the family and his rich experience in dealing with human problems, Dr. Goldstein has presented, in a small and inexpensive volume, the essentials relating to family life at its best. Although written with special reference to Jewish ideals of marriage, this book has a message for all, since the standards of Jewish family life are of high quality.

Dr. Goldstein with scholarly skill has woven an important and interesting picture of the history and evolution of family life, its opportunities and responsibilities, for the individual and for the community. It should be circulated widely among young people whose marriage choices lie ahead. The chapters on "Chastity and Fidelity" and on "Intermarriage" are of special importance. Upon reading Dr. Goldstein's message, I found myself reliving the comment of a Christian research worker, "Of all the books on marriage, this is the best!"

VALERIA HOPKINS PARKER, M.D.

THE FAMILY AND ITS SOCIAL FUNCTIONS. By Ernest R. Groves. Philadelphia, J. B. Lippincott Company, 1940. 631 p. \$3.50.

Professor Groves here continues his series of studies of sex education, marriage, and family life, explaining that the present volume



differs definitely from his former text, *The American Family*. That book emphasizes contemporary family problems in the United States, their causes, and the existing resources for dealing with them. *The Family and Its Social Functions* on the contrary, deals with the social purpose of the family as an institution. The chapter headings indicate the range of the book:

*The Nature of the Family, Socialized Motives of the Family, The Survival Functions of the Family, The Incentive of Identity and the Lengthening of the Infancy Period, The Incentive of Perpetuity and the Lengthening of the Infancy Period, The Incentive of Transcendancy and the Lengthening of the Infancy Period, The Family Support of Culture, The Family Support of Formal Institutions, The Family Support of Government and Public Opinion, The Family Support of Education, The Family Support of Sex Status, The Family Support of Religion, Family Interactions, Emotional Characteristics of Family Experience, The Family and the Aggressive Mechanisms, The Family and the Defensive Mechanisms, The Clash of Loyalties within the Family, The Environmental Sensitiveness of the Family, The Evolution of Social Thought Concerning the Family, The Future of the Family.*

The book, of course, is intended for classroom use and the author includes with each chapter a list of subjects for report and topics for class discussion. A general index and an index of names mentioned in the text make for ready references.

**SEX INSTRUCTION.** By Maurice S. White. Washington, Newspaper Information Service, 1938. 24 p. 10 cents.

This is Service Booklet No. 129 distributed by newspapers maintaining The Washington Service Bureau. The contents include sections on *Reproduction, Teaching of children, For adolescents, The male, The female, Intercourse, Birth Control, Venereal diseases, Aberrations and abnormalities, Later years*; and the text bears out the author's description of his purpose in the introduction: "To give a concise, frank, and decent statement of the facts of sex."

The fact that Newspaper Information Service reports 22,000 copies of this booklet distributed in a little over two years indicates again the educational influence which may be exerted by newspapers.

**CORNELL RURAL SCHOOL LEAFLET.** Teachers' Number. Ithaca, September, 1939. 63 p.

Inexpensive, satisfactory sex education material all too seldom exists. This slim pamphlet packs much into comparatively little space. The leaflet is intended for use from the third grade through the third year of high school and is planned to help in teaching phases of geography and health through the medium of local nature history. The work is organized in two parts: 1. *Teaching geography through the study of mammal distribution*, by E. L. Palmer and Edna Drill; 2. *Nature study, the foundation of sex education in home and school*, by Maurice A. Bigelow. A list of references for parents and teachers is appended. The final item in the book is a section entitled *From the Egg to the Chick*, by Alexis L. Romanoff, which is illustrated with numerous drawings and three pages of photographs

in color. The pamphlet is illustrated throughout with drawings of the animals discussed, accompanied by a map of the North American continent showing the habitat of the particular animal.

WHEN CHILDREN ASK. By Margueritte Harmon Bro. Chicago, Willett, Clark & Co., 1940. 268 p. \$2.00.

In a foreword, the author of this human and interesting volume says: "Any parent will understand automatically the hesitation and honest-to-goodness humility with which any other parent tries to report what goes on in the mind of a child!" Nevertheless, she has made a good try, and if some questions are still left unanswered to the satisfaction of the adult reader, who can tell but that they thoroughly satisfy the small questioner? Parents and social hygiene workers will be interested particularly in the chapters *About Babies*, *Taking in the Teens*, *What's in a Marriage*, and *Taking a Flyer on Happiness*. A bibliography intended for further assistance in question-answering completes the volume.

THE STORY OF A BABY. By Marie Hall Ets. New York, Viking Press, 1939. 63 p. \$2.50.

This book is intended for use by parents who wish to teach their young children the facts of life and answer their questions truthfully and intelligently. It derives from the popular exhibit of human embryos presented by Loyola University at the Century of Progress exposition in Chicago, 1933-1934.

This Exhibit was a notable and very popular contribution to the Scientific Exhibits from the School of Medicine, whose Associate Professor of Anatomy—J. M. Essenberg—says "Mrs. Ets has collected and interpreted for children and laymen some of the interesting facts of human embryology, especially those concerned with the development of the outer form. I know from experience that *The Story of a Baby* meets a real need."

The book is attractively printed with large type and full-page drawings. The growth of a baby is described from "a life too small to be seen at all" up to the time of birth and the baby's first smile. The *New York Post* says "Recommended highly." *Booklist* says: "We can think of no other fact book so likely to hold the affection of a young family." *Library Journal* considers it "an outstanding book." *Scientific Book Club*: "The book will be an interesting experiment for parents as well as children. Just how young a child would understand the text remains to be seen."

ATTAINING MANHOOD. By George W. Corner. New York, Harpers, 1938. vi+68 p. \$1.00.

Dr. Corner, a professor of anatomy at the University of Rochester, wrote this book for his own son of high school age. Under the chapter headings: I—*Why Sex?* II—*The Human Reproductive System*, III—*Sex Attraction and Mating*, IV—*Attainment of Maturity*, V—*Sex in Girls*, VI—*Sex Conduct*, and VII—*Sex Disorders* are elementary and interesting statements of the main facts that boys should know. It is one of the few books for boys in early adolescence which the reviewer recommends. Parents and educators who place it in home and school libraries need not worry about the supposed "sex illiteracy" of

teachers. But while recommending the book as above, the reviewer hopes that the author and publishers will be encouraged to improve it. For example, certain biological descriptions and illustrations are not clear to young readers among average high school pupils. Some chapter headings and text are better done in the girls' book (reviewed below). The chapter on *Sex Disorders* should have a title indicating that it centers on venereal diseases. However, these minor defects will not seriously interfere with boys getting much helpful understanding and attitude concerning the biological and psycho-social relations of the two human sexes for whose better life together sex education is working.

M. A. BIGELOW

ATTAINING WOMANHOOD. By George W. Corner. New York, Harpers, 1939. XIII+95 p. \$1.00.

This is a companion volume to *Attaining Manhood* reviewed above; but is decidedly a very much better book. Boys should read both books. The seven chapter headings are: I—*The Importance of Having Two Sexes*, II—*The Human Reproductive System*, III—*Attainment of Maturity and the Reproductive Cycle*, IV—*Sex Attraction and Sex in Boys*, V—*Sex Conduct*, VI—*Sex Problems in Girlhood*, VII—*Venereal Disease*.

In both books the sub-title is *A Doctor Talks to (Girls or Boys) About Sex*. Perhaps this will appeal to some parents, but the time has passed when sex was so secret and so connected with obstetrics, gynecology and urology that it was proper for only physicians to talk about what with hushed breath was called "the facts of life." In both books the author uses unnecessarily some technical terms which are confusing to youths who have had only the limited high school science. Most of the *Books for Further Study* are too advanced for the boys and girls who will read these books. But these are merely suggestions for improvement on minor points, and do not change the reviewer's recommendation that in home and school we make these two books available for early youth until the author or some other writer gives us something that is better for education of our boys and girls. We have now reached a stage in the sex education movement when we must have in print the facts and interpretations about sex which we approve for reading and teaching in home and high schools.

M. A. BIGELOW

A GIRL GROWS UP. By Ruth Fedder. New York, McGraw-Hill Book Company, 1939. 235 p. \$1.75.

From her rich background of experience as a counsellor of girls, Miss Fedder discusses the chief interests and perplexities of youth. Her suggestions for "being at one's best" are made without preaching and should prove helpful to all interested in guiding young people toward health and happiness.

Among the subjects discussed are clothes, personal appearance, friendships, self-confidence, boy interests, getting along with one's

family, vocation, finding one's place in the world. Clever sketches by Mary Magill add to the attractiveness of the book. A well chosen bibliography suggests reading of interest in related fields.

The chapter on *Gaining Self-Confidence* should be especially helpful to young readers who find it difficult to make social adjustments.

This useful and interesting book is a distinct contribution to literature written for youth.

VALERIA HOPKINS PARKER, M.D.

GROWING INTO MATURITY. By Katharine B. Crisp. Philadelphia, J. B. Lippincott & Co., 1939. Pamphlet, 38 p. 40 cts.

For senior high school pupils. Written to accompany *Be Healthy*, a text-book for Denver public schools, but useful as an independent pamphlet.

M. A. BIGELOW

MARRIAGE AND THE CHILD. By James H. S. Bossard. Philadelphia, University of Pennsylvania Press, 1940. 178 p. \$2.00.

The author is Professor of Sociology at the University of Pennsylvania, and Professor of Child Helping since 1938 of the William T. Carter Foundation of the University. The Foundation's purpose is the furtherance of education through the University in the specific field of child helping. An introductory note, says: "To meet certain immediate needs in this program, particular emphasis is being given at this time to research and to the promotion of scientific literature in the field of child helping. The volume herewith presented is the first fruit of this emphasis. It seeks primarily to do two things: first, to show where we are now, by summarizing the philosophy and the trend of concrete developments in the field of child welfare to date; and second, to present the results of a series of research projects related to the family, so basically important in any consideration of the problems and programs of child well-being."

The book is divided into two parts: *Part I. The background of child welfare: Child welfare and the modern mind; The child welfare movement; Part II. Selected problems of marriage: The age factor in marriage; Residential proximity as a factor in marriage; Nationality and nativity as factors in marriage; Further studies in marriage selection; Ecological areas and marriage rates; Marriage rates and the depression; A Philadelphia study; Summary.*

A comprehensive index is provided for convenience of the reader.

WAR AND THE FAMILY. By Willard Waller. New York, The Dryden Press, 1940. 51 p. 50 cents.

This pamphlet comes as an Addendum to Professor Waller's 1938 volume *The Family—a Dynamic Interpretation* and should be read in the light of the previous work which attracted much favorable comment. The following topics are covered:

*War and social institutions, The mores of the family, War and the population, Dislocations of community and social structure, Release of sexual impulses, Chaos of post-war period, War marriages, The instability of post-war marriages, War and secular trends.* A selected bibliography completes the pamphlet.

The question may be raised whether sections based on the World War of 25 years ago can throw out light on present situations in a war of only six months' standing. Doubtless Professor Waller will have further data to add in future years on this subject.

**THE CHURCH AND THE FAMILY.** New York, National Council, Protestant Episcopal Church. 116 p. 50 cents.

Here are published papers given at the Nineteenth Annual Episcopal Social Work Conference held in Buffalo, New York, June 16-23, 1939, in connection with the National Conference of Social Work. The general theme of the conference was the same as the title of this pamphlet. The material is organized under four headings as follows:

*The family and the church in a democracy: Social and economic status of the family today*, Joseph F. Fletcher; *Religion in a democracy*, Samuel McCrea Cavert; *The church and its lay worker under the Social Security Act*, Spencer Miller, Jr.; *Youth in a democracy: Youth tell their story*, Spence Miller, Jr.; *Youth in a democracy*, Miriam Van Waters; *The contribution of youth consultation service*, Marguerite Marsh; *Youth's interest in social action*, Helen Wright Mahon; *Youth's need for a living faith*, Alden D. Kelley; *Preparation for the next family: Infancy, childhood and mental hygiene*, M. Ingeborg Olsen; *Parish priest and family social worker*, Percy F. Rex, Margaret M. Stewart; *The church and marriage preparation*, William K. Russell; *Growth in family life: Dynamic processes in a Christian home*, Elmore McN. McKee; *Family participation in community activities*, H. Ralph Higgins; *Old age: Its place in family life*, Miriam Van Waters.

**BIOGRAPHY OF THE UNBORN.** By Margaret Shea Gilbert. Baltimore, Williams & Wilkins, 1938. x + 132 p. \$1.75.

There have been several attempts at writing non-technical books on human life before birth, but this is the first popularized story of our first nine months which I have enthusiastically and unreservedly recommended for readers whose education did not include some embryology. Mrs. Gilbert, a graduate of Oberlin with a doctor's degree from Cornell, has translated her accurate knowledge of technical human embryology into language intelligible to laymen who like to read science for those who are not scientists. Moreover, she has used the English language in an interesting and brilliant style that deserves special mention. In fact, I have read no life science for laymen which so much reminds me of the combination of scientific accuracy and attractive literary style of the late Sir Arthur Thomson, who in the biological field was long the acknowledged master of popular writing for laymen.

This book is not intended for college classes in biology, but it should be supplementary reading for all students, especially those who expect to be teachers or writers in the field of science. It should also be in all high school libraries, especially for use in the biology courses.

I especially approve this unique biography because it is a very important contribution to the sex education movement. Boys and girls, as well as men and women who read it are sure to get not only useful information but also the desirable attitudes towards the

mysteries of life from which arise those complicated relations with which the larger sex education is concerned.

M. A. BIGELOW.

LOVE, MARRIAGE AND PARENTHOOD. By Grace S. Overton. New York, Harper & Bros., 1939. 276 p. \$2.00.

The author of this book is an experienced writer and lecturer. What she says will both encourage and challenge the cooperation of parents and mature persons in positions of responsibility for or in relation to young people looking ahead to marriage and successful family life. It is written, however, primarily for these young people themselves.

The author assumes that the reader is informed about the biology of sex and reproduction, or knows how to secure books on these subjects. Accordingly, the chapters of the book are devoted to the emotional, social, individual and community welfare aspects of love, marriage, and parenthood. It is a good book for the library.

EDUCATION FOR CHRISTIAN MARRIAGE. Edited by A. S. Nash. New York, Macmillan Company, 1940. 304 p. \$2.50.

The author is Joint-Secretary of the Church of England Moral Welfare Council, and the book grows out of his experience and that of a number of others in England who are attempting to help marriage and home life maintain a successful status. It is especially intended for clergy, ministers, and doctors who accept their responsibility for helping couples to prepare themselves for marriage.

A foreword by William Ebor, Archbishop of York, says, "There is no doubt that many thoughtful people are perplexed concerning the teaching and tradition of the Church in relation to sex. There is great need to think through that teaching and tradition afresh, if it is to be presented with effectiveness to the people of our time. In this volume a serious attempt is made to supply that need. Its authors would not claim that they have fully supplied it; their work is offered as a contribution to the serious discussion of the subject. As such I heartily commend it."

Fifteen chapters by almost as many authors, including the Reverend A. Herbert Gray, well-known as the author of *Men, Women and God*, cover the following topics: *Education for Marriage as a Contribution of the Christian Church to the Life of the World*, *The Christian in the Sexual Disorder of the Present Day*, *Marriage and the Family in the New Testament*, *Medical Aspects of Marriage*, *The Psychology of Growth in Infancy and Childhood*, *The Psychology of Growth and Development in Adolescence and Adult Life*, *Moral Disease, Sin and Responsibility*, *The Legal Status of Marriage and the Family*, *The History of Education in the Family in Western Europe*, *The Home and the Life of the Nation*, *The Social Function and the Educational Significance of the Family*, *Methods of Education for Those About to Be Married*, *Education of Individual Couples*, *Education by Class Instruction*, *Notes for a Sermon on Christian Marriage*.

A four-page bibliography points to other helpful material.

Reverend L. Foster Wood, Secretary of the Committee on Marriage and the Home of the Federal Council of Churches of Christ in America says, "This is a valuable book."

HOME BUILDERS OF TOMORROW. By Warren D. Bowman. Illinois, Elgin Press, 1938. 123 p. \$1.00.

The author, is pastor of the Washington City Church of the Brethren, Washington, D. C., and was formerly head of the Department of Education and Dean of Men, Juniata College.

The book has grown out of his experience in conducting discussion groups for young people on the problems of preparing for marriage and family life. In an introduction Garry C. Myers, also experienced in this field, says: "It's the kind of book any older person would be glad to place in the hands of the boy or girl of teen age, or young man or woman in the twenties."

The chapter headings give an idea of the content, *Forming Friendships, The Choice of a Mate, Courtship, The Engagement, Entering Upon Marriage*. A bibliography lists standard works on marriage and family relationships including pamphlets and booklets.

This is the third printing of *Home Builders*, which first appeared in April, 1938.

HYGIENE AND HEALTH. A student manual for health education courses (men and women). By Wm. Ralph LaPorte. Univ. S. Cal. Press., Los Angeles. 1938 (third edition revised). Cloth \$1.65; paper \$1.25.

Unlike some texts designed for the same group, this manual deals frankly and clearly with the diseases syphilis and gonorrhea in the course of general discussion of prevention of disease. Chapters XIII, XIV, and XV are also very much to the point.

The table of contents is as follows: *I. Health problems and objectives; II. Physical activity—body mechanics; III. The prevention of disease—immunity; IV. Protecting the special organs; V. Care of the skin and hair; VI. Food and nutrition—elimination; VII. Respiratory health; VIII. Circulatory health; IX. Glands of internal secretion—nostrums and quackery; X. Mental health—the nervous system; XI. Alcohol, tobacco and narcotics; XII. Heredity and eugenics—racial improvement; XIII. Biology, physiology, and anatomy of sex and reproduction; XIV. Psychology and sociology of sex and reproduction; XV. The selection of mates—marriage and parenthood; XVI. First aid and emergency treatment.*

A bibliography for collateral reading and an index are included.

LOVE AT THE THRESHOLD. By Frances Bruce Strain. New York, Appleton-Century Co., 1939. 349 p. \$2.25.

Mrs. Strain planned this book for older adolescents. It will be useful particularly also to those parents who have read the two which have preceded it—*Being Born* and *New Patterns in Sex Teaching*—and who want something interestingly written by this author to put directly in the hands of their sons and daughters who have been taught the general facts of the biology of sex and reproduction, and who need more specific information and guidance in preparation for marriage and family life.

If to the help which such books give there can be added the advice, examinations, and treatment when necessary, of an understanding physician, young people may be reasonably assured of success in marriage and parenthood.

Dr. W. W. Bauer, of the American Medical Association, writing in *Hygeia* (April, 1940) says of *Love at the Threshold*: "As the next best thing to having the opportunity to confide in the author, as countless numbers obviously must have done, young persons should read this book. . . . It deserves an enthusiastic welcome as a real contribution to the literature on sex. . . ."

Other thoughtful and excellent reviews, some of them considering various sections of the volume in detail, have appeared in the *New York Herald Tribune* and other daily newspapers, in *School and Home*, and the *University of Michigan's Public Health Reviews*.

LOVE PROBLEMS OF ADOLESCENCE. By Oliver M. Butterfield. New York, Emerson Books. viii + 212 p. \$2.25.

Dr. Butterfield, who is well known as author of several excellent books on adjustments in marriage and as personal counselor to hundreds of married and about-to-be-married men and women, has based this study of love in adolescence upon the romantic interests and love problems of more than 1,500 young persons, most of them in discussion groups under his leadership. Under "love problems" he includes all perplexities and problems which arise from boy-girl relations between the ages of 13 and 25.

The author's accumulated data led him to group his discussions under seven chapters which have an obviously logical sequence: I—*Introduction*, II—*Starting boy and girl friendships*, III—*Making a good impression*, IV—*Keeping steady company*, V—*Engagement problems*, VI—*Problems concerning marriage*, VII—*Summary and conclusions*. Each chapter is well documented and there is a good bibliography.

This book deserves a place in a limited selected list of books for guiding those who help young people who desire education and counseling regarding marriage. Dr. Butterfield recognizes the limitations which are inevitable in all such studies, and he cautiously evaluates his results and conclusions. I will be more bold and declare that his studies of the sex interests, attitudes and love problems of the young persons he worked with are in harmony with the reports (many unpublished) of many men and women who have had extensive experience as teachers and counselors of youth of both sexes. In the four decades of this century we have accumulated much reliable information concerning adolescence and we feel confident that we know what are the sex interests and love problems of the great majority of average youth. We must set our social and educational plans for this decided majority. The alternative would be chaos.

*Love Problems of Adolescence* is an important contribution to education for marriage which has long been recognized as the culmination of the larger sex education or social hygiene education. Here are many good suggestions for the teacher and counselor, and it is my guess that many college students will find it interesting in connection with or independent of courses dealing with sex education or marriage.

M. A. BIGELOW.

PREDICTING SUCCESS OR FAILURE IN MARRIAGE. By Ernest W. Burgess and Leonard S. Cottrell, Jr. New York, Prentice-Hall, Inc., 1939. 172 p. \$3.25.

This volume is a thorough, scientific and competent sociological study of a group of 526 husbands and wives. Professors Burgess and Cottrell, leaders in the field of social research, have for a number of years been concerned with the conditions that lead to success or failure in marriage and family life. In order to discover and describe these conditions they have developed a significant technique for social study composed of both the statistical and the case-study



method. This technique they apply with scientific skill and well-poised judgment to a typical group of middle-class married men and women.

The conclusions reached by the authors are summed up in the following recapitulation of their findings:

(1) Contrary to prevailing opinion, American wives make the major adjustment in marriage. (2) Affectional relationships in childhood, typically of the son for the mother and the daughter for the father, condition the love-object choice of the adult. (3) The socialization of the person, as indicated by his participation in social life and social institutions, is significant for adjustment in marriage. (4) The economic factor in itself is not significant for adjustment in marriage, since it is apparently fully accounted for by the other factors (impress of cultural background, psychogenetic characteristics, social type, and response patterns). (5) With the majority of couples, problems of sexual adjustment in marriage appear to be a resultant not so much of biological factors as of psychological characteristics and of cultural conditioning of attitudes toward sex. (6) Prediction before marriage of marital adjustment is feasible, and should and can be further developed through statistical and case-study methods.

The most surprising conclusion is that the economic factor in itself is not significant for adjustment in marriage. This conclusion is contrary even to the common experience of students of marriage and family life and probably is due to two factors: (1) The couples studied represent a group of men and women customarily enjoying economic security. (2) The study dates from 1930, a year too early in the economic depression for these couples to have suffered unemployment, loss of income and uncertainty of the future.

The most significant conclusion, however, is that prediction before marriage of marital adjustment is feasible. If this is true, and the reviewer agrees with the authors that it is, this volume marks a new stage in the study of marriage and family relationships. It means that a way at last has been discovered to anticipate and prevent the estrangements, separations and divorces that have occurred with an incredible rate of increase in the domestic life of American families. For this discovery every man and woman interested in the protection of marriage and the conservation of the family must be deeply grateful.

SIDNEY L. GOLDSTEIN.

BULLETIN OF FAMILY RESEARCH AND EDUCATION. National Council of Parent Education, Inc. An Association for the Advancement of Family Life, Vassar College, Poughkeepsie, N. Y. Volume I, April 1940. 26 p. 50c (mimeographed).

Of special interest are many abstracts and reviews which touch on social hygiene problems and especially the books and pamphlets concerning parent education, marriage, family life and child development. *The Bulletin of Family Research and Education* (successor to *Parent Education*) is an information service for professional workers and students in all fields whose work is research, teaching or counseling in family problems. To be issued six times during 1940.

EDUCATIONAL PROGRAMS FOR EXPECTANT PARENTS. By Mrs. Ellen B. Nicely, R.N. and Mrs. Ella Geib Greene. Cleveland, The Cleveland Child Health Association, 1001 Huron Road, 1939, 73 p. 50c (multigraphed).

This publication is a report of a survey undertaken last year by the Cleveland Child Health Association to find out to what extent

programs for the education of expectant parents are making use of the method of class instruction. Questionnaires designed to secure information about such classes were widely distributed through State and local health departments. To these the response was generous "beyond all expectation" so that, even though the questions asked were too general to produce data for statistical analysis, enough detailed information was obtained to indicate trends in program development which are both interesting and significant.

A simple, fact-finding survey of this kind is extremely valuable in this particular field where a general picture of what is now being done is the best possible basis for planning next steps. State programs are summarized in *Part I*, and typical city programs in *Part II*. The appendix contains three bibliographies: a list of reports of programs with suggestions for teachers and leaders of classes, a list of educational pamphlets for expectant parents, and a list of reports of local and State programs for maternal and child health which include studies of maternal and infant mortality. It also contains a list of demonstration materials for use in classes.

The present study shows that class instruction for parents is a part of a nation-wide maternal health program developing under medical auspices which has expanded rapidly during the past three years through the use of funds made available under the Social Security Act. Most of the classes are conducted by public health nurses and are closely tied up with the more personal kind of service given through clinics, conferences, home visits, etc. A few classes for fathers are reported and a few of the programs have advisory committees to keep them close to local needs and interests.

One wonders as one reads this report why there is so little evidence of cooperation between health departments and public schools in the development of these programs of class instruction. Public health nurses have been particularly ingenious in devising simple, effective materials for use with low-income groups. Adult education teachers, on the other hand, have learned a great deal through the years about methods of group leadership, and about ways of releasing adults to discuss their problems and reveal their needs in group situations. Community programs in which agencies are pooling their several kinds of training and experience to serve a common cause are finding both profit and pleasure in these new partnerships. One also wonders why there is so little emphasis on mental hygiene in the outlines of topics discussed and in the bibliographies appended. It is quite likely that emotional disturbance has more than a little to do with our still high maternal death rate. Perhaps these are "next steps."

The Cleveland Child Health Association is to be congratulated on this fine piece of work. The making of such studies to orient the rest of us may well be one of the new functions of private agencies as we all learn to make better use of the experimental approach to the solution of social problems.

MURIEL W. BROWN  
*Consultant in Family Life Education*  
*Home Economics Education Service.*

FOR DAUGHTERS AND MOTHERS. By Valeria Hopkins Parker, New York. Bobbs-Merrill, 1940. 138 p. \$1.50.

It is safe to say that the author of this book is known personally or by reputation to everyone interested in the field of social hygiene. As a writer, lecturer, and practical worker she has had such broad experience in its varied phases—law enforcement, educational, medical, and protective social measures—that anything she writes on the subject should be read with respect.

*For Daughters And Mothers*, as might be expected from its title, aims to help girls and mothers to come to a better understanding of the personal problems which are so especially important in the sensitive and often bewildering early "teen" period.

Mothers need not fear an overemphasis on the physical details of the "facts of life", and daughters need not fear being "preached at." The book is a sympathetic discussion with a common sense approach written in simple language. For instance on p. 76-77 Dr. Parker does not narrow the discussion of why a girl should not mate before marriage to a statement of moral standards, but offers practical reasons which any girl can appreciate.

The book is written primarily for girls from average homes for it assumes a certain amount of security which is not found in the homes of those girls who come to our State correctional institutions. However, even in the midst of extreme poverty and all its attendant evils romantic adolescent illusions exist, and much of the book will be found of interest and value to any girl.

The following statement on p. 57 is the only one the reviewer must question, "Fortunately only a few husbands and wives find themselves so unhappy as to wish to leave each other." Were it only true the task of guiding our adolescent youth would be greatly simplified.

HENRIETTA ADDITON

**THE QUESTIONS GIRLS ASK.** By Helen Welshimer. E. P. Dutton & Company. New York, 1939. 128 p. \$1.50.

An excellent book for girls of the 'teen years who want frank and helpful answers about many personal problems as well as the old and new ones on boy-girl relations.

It is also a guide book for many mothers and advisors of girls who must attempt to answer the questions which normal and wholesome girls of today are asking because they want to know the truth about life problems.

M. A. BIGELOW

**MARRIAGE AND THE FAMILY.** By Ray E. Baber. New York, McGraw-Hill, 1939. xii + 656p. \$4.00.

Since the American social hygiene movement revolves around the family as the center of the natural and social relations of the sexes, it is expected that new books in this field will make more or less contributions to social hygiene, especially in education. In this regard Professor Baber's new book is excellent. The greatest problems in sex education (social hygiene education) today are concerned with the individual's management of the physical, mental and social relations of the sexes with a view to getting the greatest good from marriage and family life. This is the interest center of numerous young people of the late teens and early twenties who are seeking education which definitely points in the direction of success in marriage and family life for themselves and others in whom they have deep personal interest. For these this book will be useful. While

it is primarily a text book for advanced students of sociology, social work, and education, it is also a "gold mine" of information concerning many common problems of the relations of men, women and children in homes.

It is easy to locate topics. The index guided the reviewer to the pages on which were set forth the high points on the first fifty questions that came to his mind. It will be a useful reference book in the "service" courses which students in many colleges are following in their search for direct personal preparation for marriage and parenthood. As such a reference book it will be used by many times more students than will study it as a text book. But as a text book it is certainly one of the two or three "best" among more than a dozen similar ones now available for college classes.

M. A. BIGELOW

### Books on Legal and Protective Measures

**TRENDS IN CRIME TREATMENT.** 1939 Yearbook National Probation Association. Edited by Marjorie Bell. New York, The National Probation Association, 1939. 372 p. \$1.25 (paper), \$1.75 (boards).

Each annual output of this yearbook seems to indicate a more constructive attitude and action in the treatment of criminals and prevention of delinquency. The papers printed here are those given at the 33d annual conference of the National Probation Association at Buffalo, New York, June, 1939.

The range of interest is wide, as indicated by the table of contents: *I. Checking Early Symptoms of Crime: The role of the police in crime prevention, The role of the private agency in crime prevention, The role of the school in crime prevention, Adequate care for defective delinquents.* *II. Changing Delinquent Attitudes: Can we change personality? Understanding the delinquent, Developing attitudes through supervision, Group work—a new program for probation.* *III. Detention Techniques: The use of boarding homes for detention, The child in detention as seen by the psychiatrist.* *IV. The Juvenile Court in Transition: The future of the juvenile court as a case work agency, Wider jurisdiction for the juvenile court.* *V. Probation Statistics: Getting facts into figures.* *VI. Probation Administration: Integrating probation service on a statewide basis, Executive leadership.* *VII. Probation and Parole Progress: The place of probation in the criminal court, The State, the courts and probation, Some criteria of an effective parole system.* *VIII. Crime and the Public: Newspapers and crime.* *IX. Legal Digest: Legislation and decisions affecting probation, parole and juvenile courts, 1939.* *X. The National Probation Association.*

As in previous years, Mr. Charles L. Chute, Executive Director of the National Probation Association presents a review of the year's work and the minutes of the annual business meeting, information concerning officers and other data concerning the Association's administration.

**ADULT PROBATION LAWS OF THE UNITED STATES.** By Gilbert Cosulich. New York, National Probation Association, 1940. 107 p. \$1.25.

This is the second edition of a useful handbook with which social hygiene workers may well become acquainted. The book is divided

into two parts under the following headings: *Topical Summary* and *State by State Summary*. A series of tables gives useful information.

**MATRIMONIAL SHOALS.** By Royal D. Rood. Detroit, Detroit Law Book Company, 1939. 424 p. \$3.50.

This volume is devoted to a study of the causes and economic results of metropolitan divorce trends. The author is a lawyer and a member of the State Bar of Michigan.

The book has been reviewed in a number of publications easily accessible to Journal readers; among which the Journal of Home Economics says:

"Discussing the great increase of divorce in metropolitan areas within the last 20 years, the author suggests that many laws passed by state legislatures to protect women and children, tend to destroy the home as an institution. Himself a lawyer, he has analyzed 270,000 divorces, with results contrary to accepted theories of the causes of metropolitan divorce trends. The damage done by divorce indirectly to industry and employment are clearly pointed out."

**VIRGINIA'S SOCIAL AWAKENING.** By Arthur W. James. Richmond, Garret & Massie, 1939. 198 p. \$3.00.

This is the story of the Virginia Board of Charities and Corrections and the splendid contribution made by Reverend Joseph T. Mastin to its work. The author was formerly Commissioner of Public Welfare of Virginia. The book will interest social hygiene workers because it gives a close-up view of the way one state dealt with the problems of delinquent women and girls and commercialized prostitution. The program, in fact, was based on recommendations made by the American Social Hygiene Association following one of its first studies of such problems, in 1915, at the request of Dr. Mastin.

**THE FORGOTTEN ADOLESCENT.** A Study of the pre-trial treatment of boys charged with crime in New York City. New York, New York Law Society, 1940.

This study and the publication of the report were made possible by the Carnegie Corporation of New York. The purpose of the study was to ascertain the impact of the criminal law on male adolescents above the juvenile court age and below 21, up to the time of trial,—that is, what happens to the youth charged with crime in New York City from the time of his arrest until his trial. A summary at the end of the pamphlet makes recommendations on (1) Pre-arraignment, (2) Magistrates' courts and procedures, (3) Detention. An appendix gives a series of tables of statistics on the cases studied.

The National Probation Association says: "an intelligent discussion, one of many on the subject of the American Law Institute's proposed model law to improve the procedure for treatment of youth in courts." This law was drafted following the study of adolescent delinquency made by a committee organized by the Association for Improving the Condition of the Poor, and headed by John D. Rockefeller, 3rd. (See *Youth in the Toils*, by Leonard V. Harrison and Pryor McNeill Grant. MacMillan Company, 1938. 167 p. \$1.50. Reviewed in JOURNAL OF SOCIAL HYGIENE, October, 1938.)

**JUVENILE DELINQUENTS GROWN UP.** By Sheldon and Eleanor Glueck. New York, The Commonwealth Fund, 1940. 330 p. \$2.50.

One of the books which attracted widest attention in the field of delinquency study in the year 1934 was *One Thousand Juvenile Delinquents*, by the above authors.\* This study dealt with boy delinquents brought before the Boston Juvenile Court and examined at the Clinic of the Judge Baker Foundation during the years 1917 and 1922. The intention of the study was to discover what happened during the five-year period following completion of the treatment recommended and carried out by the Court and its affiliated community agencies.

The present volume follows the fortunes of these one thousand lads through the next decade (fifteen years in all), from their early juvenile court experience, at average age fourteen through the growing up years to the present average age of 29. The study seeks to discover what happens to youngsters who go through the juvenile courts, probation, industrial schools, reformatories, prisons and parole. As they grow older, what proportion of them becomes law abiding, and what are the types of crime pursued by those who continue their criminal aggressions? What are the crucial factors that turn them one way or the other? How may existing procedures be improved to give greater promise of success?

It is encouraging to learn from the Summary and Conclusions which form *Chapter XXII* of the book that although, as in any group, a definite percentage have continued delinquency habits, at the age of 29, almost 40 per cent of the original thousand boys has ceased to be criminals and with many of those who continued to commit crimes great improvement has occurred. The proportion of serious offenders dropped from 75.6 per cent in the period prior to the original contact of the group with the Boston Juvenile Court to 47.8 per cent at the end of the fifteen-year follow-up span. This summary chapter deals concisely and clearly with the factors which, based on the facts revealed by the study, the authors believe are responsible for the present situation of this group of one thousand young men, such as heredity, environment, training, and other innate and surrounding circumstances. Perhaps the greatest value of the work is the prediction table submitted as an aid to judges, probation officers and other workers in the field of delinquency to point a way to an even greater percentage of success in the rehabilitation of the youth who seem started toward a criminal career.

BASCOM JOHNSON.

**PUBLIC HEALTH LAW.** By James A. Tobey, Dr.P.H., LL.D. New York, The Commonwealth Fund, 1939. 414 p. \$3.50.

This volume is a revision by the author of his book on the same subject and with the same title issued in 1925. As stated by the author in his preface, "the present work is much more comprehensive and, it is believed, more efficiently arranged than the author's earlier volume, which has been completely rewritten."

The subject is treated in 21 chapters under four general subdivisions as follows: *Part I. Public Health Law and Administration* (6 chapters); *Part II. Powers and Duties of Health Departments* (10 chapters); *Part III. Liability i.e. (a) of Municipal Corporations, (b) of Health Officers (personal) and (c) of individuals and corporations in matters affecting the public health* (3 chapters); *Part IV. Legislation and Law Enforcement, containing information valuable in the drafting and passage of health laws, a statement of the con-*

\* Published as *Volume 1 of Harvard Law School Survey of Crime and Criminal Justice in Boston* (Cambridge, Harvard University Press).

*siderations which influence the courts in construing such legislations and an outline of their several organizations and procedures* (2 chapters).

A feature of this book which will prove of particular value to health officials and other sanitarians, to students of public health, to physicians, judges, attorneys and government officials is the one thousand or more court decisions cited throughout the book with references to places and volumes where they may be found.

There are also three valuable appendices, a complete index of the court cases cited, and a general index. Dr. Tobey is eminently qualified by training and experience to deal with this subject. His first effort produced an excellent reference book—his revision of it an even better one. No one who deals with public health laws or their administration can afford to be without it.

BASCOM JOHNSON.

DIGEST OF LAWS AND REGULATIONS RELATING TO THE PREVENTION AND CONTROL OF SYPHILIS AND GONORRHEA IN THE FORTY-EIGHT STATES AND THE DISTRICT OF COLUMBIA. By Bascom Johnson. New York, American Social Hygiene Association, 1940. 438 p. \$5.00.

Bascom Johnson and his staff have filled a long-felt need in compiling and digesting state venereal disease laws. Legislators, health authorities, social workers and others interested in legislation concerning the prevention and the control of syphilis and gonorrhea will find in this one book information that was formerly difficult, and in some instances, impossible to obtain.

Up to now, it has been necessary for any one wishing to find out what the states were doing about specific venereal disease problems such as quack advertisements or the reporting of syphilis cases to write to every state and local health department in the country. This *Digest* sums up the laws on these and related subjects dividing them under each state into eleven divisions: 1. *Powers to make rules and regulations*; 2. *Relations to public health*; 3. *Regulations making diseases reportable*; 4. *Laws and regulations on examination*; 5. *On treatment*; 6. *On quarantine*; 7. *On infecting or exposing another to infection*; 8. *Advertising cures*; 9. *Sales of remedies without prescription*; 10. *Requirements pertaining to marriage*; 11. *Ophthalmia neonatorum*.

As the people of the United States were made aware that venereal diseases constituted one of their major problems, their representatives in the state legislatures began enacting laws designed to curb syphilis and gonorrhea. There are today 48 sets of venereal disease laws in this country. In many cases, lawmakers and health officials in one state are totally ignorant of what is being done about the problem in the other 47 states.

This compilation will probably stimulate the enactment of many needed venereal disease laws in states which up to now have been backward in their attitude towards such legislation. This authoritative reference book will make it easy for health-conscious legislators in those states to prepare the necessary bills. Similarly, departments of health will be able to determine quickly which of their regulations are behind the times and thus modernize their procedure in dealing with syphilis and gonorrhea.

The *Digest* is published in loose-leaf fashion so that new laws can be inserted at the conclusion of each legislative session.

To social workers, health authorities and lawmakers this volume will prove indispensable both for its summary of the regulations and laws in their own states and for comparison with other states.

THOMAS C. DESMOND

### Books on Medical Measures

YEAR BOOK OF DERMATOLOGY AND SYPHILOLOGY, 1939. By Fred Wise, M.D., and Marion B. Sulzberger, M.D. Chicago, The Year Book Publishers, 1940. 740 p.

The year book is up to the usual high standard set by this publication. Two hundred eighty pages are devoted to syphilis and its therapy. This is one of the best reviews of the American medical literature dealing with scientific progress in diagnosis, treatment, and control of syphilis.

WALTER CLARKE, M.D.

A SYNOPSIS OF MEDICINE. By Henry Letheby Tidy. Baltimore, The Williams and Wilkins Co., 1939, 7th Edition. 1187 p. \$—.

When a medical book first published in 1920 reaches its revised and enlarged seventh edition in 1939, one may take it for granted that this book has found an important place in medical literature. Tidy's *Synopsis of Medicine* is among the most widely used and practical medical books in the English language. Especially among British physicians, Tidy's *Synopsis* is found ready at hand for quick reference in the consulting room. Thousands of students in British and American medical schools make use of Tidy in systematizing their knowledge of medicine in preparation for professional examinations. Dr. Tidy is Extra Physician to His Majesty the King and medical consultant of St. Thomas' Hospital, London.

As indicated in the title, the book is a synopsis of principles of medicine. The 1187 pages contain no superfluous words, the material being arranged under headings which facilitate quick reference. The material is arranged, first, according to causes of disease as, for example, "specific infectious diseases," "the intoxications," and second, by systems as, for example, "diseases of the blood and spleen," "diseases of the nervous system." There is an excellent chapter on "syphilis of the central nervous system," but the section on syphilis as a specific infectious disease may be criticized in America for still suggesting rest periods in treatment of early syphilis and for giving too much weight to serological reports as guides to sufficiency of treatment. American authorities will hardly agree with Tidy that old arsphenamine has been "superseded" by neoarsphenamine, and one may doubt also the desirability of perpetuating the term "parasyphilis" in referring to the late manifestations of syphilis.

Gonorrhea and lymphogranuloma inguinale are briefly discussed, gonorrhea mainly from the standpoint of gonococcal arthritis.

In spite of minor differences of opinion such as those noted, Tidy's *Synopsis of Medicine* is a standard work of the greatest value, and every medical student and every practicing physician will find it a valuable addition to his collection of reference books.

WALTER CLARKE, M.D.

MANUAL OF PUBLIC HEALTH NURSING. Prepared by the National Organization for Public Health Nursing. New York, The Macmillan Company, 1940. 529 p. \$2.50.

This manual is intended as a general guide for the public health nurse. The suggested procedures should be helpful whether her activities are limited to service in a small community, spread over a



wide rural area, or whether her field is concentrated in a crowded district in a large city.

The third edition has been thoroughly revised and includes a new chapter on orthopedic nursing. Much new material has been added to the chapter on *Service for the Control of Syphilis and Gonorrhea*. The outline of nursing techniques for these diseases is preceded by a general survey of the cause, mode of transmission, the course of each disease and its diagnosis. It is emphasized that because of her position in the community and her access to many homes, the public health nurse can perform effective work in referring syphilitics for medical care and in following up these cases. She can do much for the control of syphilis in pregnancy. Because her field encompasses health supervision of the entire family, the public health nurse becomes one of the most effective assistants in locating new cases of venereal disease, obtaining examination of contacts, and instituting early treatment.

The material contained in this manual falls under three general topics: *Administration and Organization, Family Health, and Services to the Family*. Chapter headings under these divisions indicate the scope of the book.

Under *Administration and Organization*, are the following chapters: *I. What is Public Health Nursing? II. Relationships to Health and Social Agencies. III. Plan of Work. IV. Administrative Responsibilities. V. Office Administration. VI. Education of the Public Health Nurse. VII. Reports and Records.*

Part Two, devoted to *Family Health*, includes *I. Family Health Service. II. The Home Visit. III. Health Conferences, Classes, Clubs, and Clinics. IV. Standing Orders.*

Part Three, *Services to the Family*, includes *I. Maternity Nursing Service. II. Child Health Service. III. School Nursing Service. IV. Industrial Nursing Service. V. Morbidity Nursing Service. IV. Tuberculosis Nursing Service. VII. Service for the Control of Syphilis and Gonorrhea. VIII. Orthopedic Nursing Service.*

The appendix lists the minimum qualifications for those appointed to positions in public health nursing. There is also a chart of the acute communicable diseases which the public health nurse may be called upon to attend, along with information as to the source of infection, mode of transmission, period of communicability and complications attendant upon the diseases. The manual concludes with a comprehensive index.

COMMUNICABLE DISEASES FOR NURSES. By A. G. Bower, A.B., M.S., M.D., and E. B. Pilant, R.N., and other authors. Philadelphia, W. B. Saunders Co., 1939. Fourth edition. 550 p. \$3.00.

This well printed and illustrated text book is intended for student nurses, especially those who are preparing for public health nursing. The first five chapters are given to a general discussion of communicable diseases, immunity and infection, aseptic techniques, care of communicable diseases in the home and the public health control of these diseases. Then follow chapters on each of the common infectious diseases, including some which are rare in the United States as, for example, dengue and yellow fever.

The chapters on gonorrhea, syphilis and gonorrheal conjunctivitis are modern and practical and include mention of the latest methods of treatment, such as sulphanilamide in the treatment of gonorrhea and fever therapy in the treatment of gonorrhea and syphilis. The chapter on syphilis contains also brief discussions of chaneroid, lymphogranuloma inguinale and granuloma inguinale, balanitis and

venereal warts. Doctor Elmer Pelt is the author of the chapters on gonorrhea and syphilis. An interesting feature of the book is a glossary of medical terms. An adequate index is provided. *Communicable Diseases for Nurses* can be recommended for student nurses and as a reference book for any nurse engaged in communicable disease activities.

Miss Pilant is Director of Nurses, Los Angeles County Hospital. Doctor Bower is clinical professor of medicine at the University of Southern California.

WALTER CLARKE, M.D.

**SYPHILIS IN MOTHER AND CHILD.** U. S. Public Health Service. Washington, D. C., U. S. Government Printing Office, 1940. 20 p. 10 cents.

The United States Public Health Service has just published *Syphilis in Mother and Child* by Dr. Harold N. Cole, Dr. Philip C. Jeans, Dr. Joseph Earle Moore, Dr. Paul A. O'Leary, Surgeon General Thomas Parran, Dr. John H. Stokes, and Assistant Surgeon General R. A. Vonderlehr. This brief, up-to-date discussion of syphilis in pregnancy and congenital syphilis will be of great value to physicians and nurses.

WALTER CLARKE, M.D.

**TRANSITION YEARS.** The Modern Approach to "the change" in Womanhood. By Joseph Rety, M.D. New York, Greenberg, 1940. 168 p. \$1.75.

The author is a well-known British gynecologist, and has written this book particularly for women who approach the climacteric with apprehension. It is clearly and concisely written and has attracted favorable attention in its American edition.

Mrs. Gladys H. Groves says of it: "I like the book very much. It enlightens without frightening, and is the best I have seen. It is greatly needed in view of the common misconceptions and unbased anxieties of women. I should expect it to be included in marriage course reading lists and recommended by doctors and other consultants, as well as by lecturers to women's clubs, and individually. I shall include it myself in the references for the course I am arranging for women."

*Hygeia* states: "Here is a chatty and detailed description of many of the complaints and disorders which women undergo at about the time of the menopause. The physician who wrote the book is particularly impressed with the importance of having women avoid a fear of the menopause and its attendant difficulty. He feels that if they understand the nature of the problem, the fact that it is a temporary readjustment and that it seldom leads to permanent disease, it will help them to weather this period of storm and stress more easily and with less discomfort for their friends and family."

**CONTROL OF CONCEPTION.** By Robert Latou Dickinson. Baltimore, Williams & Wilkins Co., 1938. 360 p. \$3.50.

Most recognized authorities acknowledge that the first edition of *Control of Conception* was one of the most satisfactory and able presentations on this vital subject.

The Journal of the American Medical Association says:

"It is safe to say that this book has played a prominent part in the education of physicians and their patients in the practice and theory of contraception. In

general plan and scope the second edition is similar to the first. Its contents are far more extensive, however, owing to the abundant scientific contributions in the past few years. Though no radical advances have been made in the accepted views on contraception, our knowledge on this subject is more complete and on a sounder basis. Dr. Dickinson has incorporated in his book the newer work together with his considerable clinical experiences. Some of the recent advancements in reproductive physiology are also included in the appropriate sections. A most valuable feature of the book are the drawings executed by the author. These are more numerous than in the first edition and are helpful in illustrating the practical phases of therapeutic contraception. The anatomy of the male and female sex organs and the anatomy of coitus are admirably detailed and highly instructive. This book is recommended to physicians who are called on to advise on contraception. It is authoritative, conservative and comprehensive."

The American Journal of Obstetrics and Gynecology; (September, 1939) states:

"The sheer artistry of both text and illustrations of the second edition of *Control of Conception* by Robert Latou Dickinson, makes its perusal a delight. This is a most important contribution to preventive medicine which, in this edition, has been brought fully up to date. Throughout, the author has sought for security and simplicity. Every phase of the subject is covered; effectiveness, the variations necessary to meet different general and local conditions such as, for example, the bride, extreme ignorance and poverty, as in the coolie, the treatment of patients with prolapse, are all taken up. This is a true source book of sex anatomy, methods of conception and allied subjects. It fully meets with the crying need for help to the physician, and through him, to the laity."

THE BRITISH ENCYCLOPAEDIA OF MEDICAL PRACTICE. By Brevet-Colonel L. W. Harrison, D.S.O., M.B., F.R.C.P., Ed. London: Butterworth & Company, 1937.

Colonel L. W. Harrison, the technical advisor of the British Ministry of Health in all matters pertaining to the venereal diseases and their control, has contributed sections on syphilis, gonorrhea, chancroid and epididymitis to the new British Encyclopaedia of Medical Practice now being issued in 12 volumes under the editorship of Sir Humphrey Rolleston. Colonel Harrison's several contributions appear each in a different volume of the Encyclopaedia, since the materials are arranged in alphabetical order. *Chancroid* is in volume III, *Epididymitis* in volume V, *Gonorrhea* in volume VI, and *Syphilis* in volume XI. Sections by other authors dealing with neurosyphilis and other important manifestations of syphilis and gonorrhea are included in the Encyclopaedia.

Colonel Harrison's work is always deeply appreciated in the United States, where he is recognized as one of the world's leading authorities on the medical, laboratory and public health aspects of syphilis and gonorrhea. The present work is beautifully illustrated both in color, and in black and white. The text is provided not only with frequent subject headings but with marginal titles which facilitate reference. The print and paper are excellent, and the style is friendly and informative. Colonel Harrison has drawn largely on his own rich experience and does not hesitate to use the first person in telling pertinent anecdotes illustrating important points. However, in controversial matters, all other accepted views are presented, even though the author declares his disagreement with them. Techniques and methods employed in diagnosis and treatment are clearly and concisely described and often illustrated.

The speed with which medical science sometimes advances is illustrated by a note in the section on gonorrhea, reading, "This article was unfortunately out-

of-date in some respects when published, as it appeared at the start of the Sulphonamide era." The same might be said of the article on chaneroid in the treatment of which sulphanilamide has been even more recently found to be very useful. Nevertheless, the texts prepared by Colonel Harrison are as up-to-date as any substantial work can be, taking into consideration the time required for publication.

It would be good for American physicians interested in syphilis and gonorrhea to become familiar with the point of view and experience of this leading British authority.

WALTER CLARKE, M.D.

UNTO THE FOURTH GENERATION. By Irving Simons, M.D. New York, E. P. Dutton & Co., 1939. 243 p. \$2.50.

Dr. Irving Simons is a physician and surgeon whose long and varied experience and responsibilities in practice, in administration, in the army, and as a teacher of medicine qualify him for this task of outlining what the "laymen across his desk" should know about gonorrhea and syphilis. Under such conditions of doctor-patient relationship, Dr. Simons has long been recognized as a forceful influence in education as well as medicine and public health. In this book, he has endeavored to talk to a multitude of laymen across his desk through the limited medium of words without the advantage of personal questions and answers. It is to be expected that it becomes too technical at some points while suffering from oversimplification at others. The publishers say "it is emphatically not a home remedy medical adviser. Nor does it try through 20 hours of reading, to make a physician out of a layman."

Many attempts have been made to tell the citizen what he ought to know about gonorrhea and syphilis—as a citizen. Apparently the public is judging this to be one of the most successful efforts to do this difficult thing. The rapid advances in science and the practice of medicine in this field which are now taking place will not lessen the general value of this book; but may do away with any justification for its title, *Unto the Fourth Generation*.

BEYOND THE CLINICAL FRONTIERS, A Psychiatrist Views Crowd Behavior. By Edward A. Strecker, A.M., Sc.D., Litt.D., M.D. W. W. Norton & Company, Inc. New York. 210 p. \$2.00.

The Salmon Memorial Lectures given by Dr. Strecker in 1939 are devoted to a theory that the problems of our day and of civilization generally are due to evasions and flights from reality. This represents a form of psychoneurotic or psychotic behavior that when applied to the reactions of a group or mob constitutes the psychotic response of the "Mass Man." Mob or mass thinking, which always produces a shrinkage of individual ego values and lowers all rational and higher emotional values, makes for an unhealthy world. The mental patient is akin to the sufferer from "crowd mindedness."

Mental, no less than physical, hygiene facilitated by educational efforts, especially during childhood, may enable individuals to live

and think freer from dire propaganda and mob pressure and with a greater retention of self-understanding and self-honesty despite the force of "movements" and "intelligent minorities." Conditioning processes are essential to increase protective self-criticism and inhibition that will permit the forms of immediate response essential to meet environmental stimuli. Environment, itself, however, must be modified to give larger and better opportunities for man to act with satisfaction and to think with sincerity in a world of less stress and more humanistic democracy.

IRA S. WILE, M.D.

**SOCIAL ASPECTS OF SYPHILIS.** By Harvey J. Locke. Published by the Indiana State Board of Health. December, 1938.

This is a pamphlet of fifty-four pages devoted to an informative summary of views and supporting data upon syphilis problems. The four sections are: I. *The extent of syphilis in the United States*; II. *Control programs in Europe*; III. *Control programs in the United States*; IV. *Changing attitudes toward venereal diseases*.

Librarians will find it worth sending for this publication, to add it to their reference material. It is well provided with specific references, which in turn might well be added.

**SPIROCHETE.** Prepared by the staff of the Living Newspaper, a division of the Federal Theatre, and edited by Arnold Sundgaard. Random House. New York. 1940. \$2.00.

This striking epic drama, the first of its kind to be presented on the legitimate stage, is published in company with two other Federal Theatre plays, *Triple A Plowed Under*, and *Power*. *Spirochete*, first produced in Chicago, has since been given in a number of cities, especially by social hygiene youth groups.

The Chicago Tribune pronounced the play "a valuable and dramatic contribution to anti-syphilis propaganda." The Chicago Examiner commented "a thrilling and dramatic story of the scourge of syphilis from its introduction in Europe in 1493 to the enactment of the new hygienic marriage laws last year."

## THE SOCIAL HYGIENE BOOKSHELF FOR 1940

### *A Selected List of Social Hygiene Books and Pamphlets for Home and Public Libraries*

The following lists of social hygiene books and pamphlets have been prepared in response to constant requests for bibliographies. The need for selected lists is apparent in view of the fact that a very large proportion of publications in this field are unreliable and misleading, or advertised in ways calculated to exploit the public.

Many excellent publications dealing with special aspects of social hygiene or of a distinctly technical character are not included in these lists; and on the other hand some of those selected do not receive unanimous approval. The intention is merely to present a good working list. Publications on psychology, physiology, heredity and biology are not listed because they may be found under those headings in any public or college library.

Suggestions will gladly be made on request for "minimum" lists of fundamental books, considered basic for a small library or for larger collections.

NOTE: A discount of ten per cent from book prices listed is allowed to members of the Association. It is recognized that public libraries will probably wish to purchase books directly from the publishers at the regular library discount. The privilege of ten per cent is intended particularly for individuals or organizations not eligible to receive library discounts. Pamphlets may be secured from the Association, or through the Vertical File Service, at the prices indicated, or without charge through the Association's Library Membership Service.

This Membership Service, for which yearly dues are \$3.00, provides also as privileges receipt of the JOURNAL OF SOCIAL HYGIENE, the SOCIAL HYGIENE NEWS, package library service and new pamphlets as issued. The Library Membership Service is open to individuals and agencies as well as to libraries, and may be applied for directly to the Association at 50 West 50 Street, New York, or through magazine subscription agencies.

All memberships received at this time will be recorded as paid to December 31, 1941, with full privileges.

## BOOKS

The following classification has been arranged at the request of readers desiring guidance as to suitable texts for special groups. The inclusion of a title in one classification does not mean that it is not eligible to others. Most of the books recommended are of general interest and scope. Books marked \* are reviewed in this issue of the JOURNAL. Books marked \*\* are those concerning which the majority opinion has not yet been received, and on which the JOURNAL will be glad to have the views of readers.

### For General Readers

PARRAN, THOMAS. *Shadow on the Land—Syphilis*. New York, Reynal and Hitchcock, 1937. \$2.50. Educational Edition, American Social Hygiene Association. \$1.00.

- WARREN, CARL. *On Your Guard*. New York, Emerson Books, 1936. 160 p. \$1.00.
- NELSON, NELS A., AND CRAIN, GLADYS L. *Syphilis, Gonorrhea, and the Public Health*. New York, The Macmillan Company, 1938. 359 p. \$3.00.
- \*GILBERT, MARGARET SHEA. *Biography of the Unborn*. Williams & Wilkins Company. Baltimore, 1939. 132 p. \$1.75.
- GRAY, A. H. *Men, Women and God*. New York, 1923. 189 p. \$1.50. New York, Association Press, 1923. 85 c.
- Problems of sex from a churchman's point of view.
- ROYDEN, A. MAUDE. *Sex and Common Sense*. New York, Putnam, 1922. 211 p. \$2.50.

#### For Parents

- \*BUTTERFIELD, OLIVER M. *Love Problems of Adolescence*. Emerson Books, Inc. New York, 1939. 212 p. \$2.25.
- CADY, B. C., AND V. M. *The Way Life Begins*. American Social Hygiene Association. New York, 1939. Revised edition. 80 p. Paper bound 50c, cloth bound \$1.50.
- GALLOWAY, T. W. *Parenthood and the Character Training of Children*. New York, Methodist Book Concern, 1927. 224 p. \$1.00.
- A study course for parents on the relation of family life to the building of personal character.
- GRUENBERG, B. C. *Parents and Sex Education*. New York, Viking Press, 1932. 112 p. \$1.00.
- HUNTINGTON, ELLSWORTH. *Tomorrow's Children*. The goal of eugenics. New York, John Wiley and Sons, Inc., 1935. \$1.25.
- A question and answer discussion.
- STRAIN, FRANCES BRUCE. *New Patterns in Sex Teaching*. New York, Appleton-Century Co., 1934. \$2.00.
- Shows how parents may meet unusual as well as common situations in sex instruction.
- THOM, DOUGLAS. *Normal Youth and Its Everyday Problems*. New York, Appleton, 1932. 368 p. \$2.50. The influence of the parent-child relationship in the maturing period.

#### For Children

- DE SCHWEINITZ, KARL. *Growing Up: The Story of How We Become Alive, Are Born and Grow Up*. New York, Macmillan, 1928. 111 p. \$1.75.
- STRAIN, FRANCES B. *Being Born*. New York, Appleton-Century, 1936. 144 p. \$1.50. For girls and boys from 9 to 12.
- TORELLE, ELLEN. *Plant and Animal Children—How They Grow*. Boston, Heath, 1912. 230 p. 90c.

#### For Young People

##### (High school age and up)

- \*CORNER, GEORGE W. *Attaining Manhood*. Harper & Bros. New York, 1939. 95 p. \$1.00.
- \*FEDDER, RUTH. *Attaining Womanhood*. Harper & Bros. New York, 1939. 95 p. \$1.00.
- DENNIS, LEMO T. *Living Together in the Family*. Washington, D. C., American Home Economics Association, 1934. 187 p. \$1.10. A text for the high school age, readable, interesting for adults and adolescents.
- DICKERSON, R. E. *Growing Into Manhood*. New York, Association Press, 1933. 100 p. \$1.00.
- *So Youth May Know*. New York, Association Press, 1930. 255 p. \$2.00. (Paper ed. \$1.25.)
- \*\*FEDDER, RUTH. *A Girl Grows Up*. McGraw-Hill Book Company. New York, 1939. 235 p. \$1.75.
- GROVES, SKINNER AND SWENSON. *The Family and Its Relationships*. Chicago, Lippincott, 1941. Revised edition. 470 p. \$1.80.
- \*PARKER, VALERIA HOPKINS. *For Daughters and Mothers*. Bobbs-Merrill Company. New York, 1940. 138 p. \$1.50.
- \*\*STRAIN, FRANCES B. *Love at the Threshold*. D. Appleton-Century Company. New York, 1939. 349 p. \$2.25.

- \*\*WELSHIMER, HELEN. *The Questions Girls Ask*. E. P. Dutton & Company. New York, 1940. 128 p. \$1.50.

### For Engaged and Married Couples

A special list of books under this classification with particular reference to marriage adjustments is available upon request. (Pub. No. A-143.)

- ELLIS, HAVELOCK. *Little Essays of Love and Virtue*. New York, Doran, 1922. 187 p. \$1.50. An interpretation of the meaning and place of sex in life.
- EXNER, M. J. *The Sexual Side of Marriage*. New York, Norton, 1932. 252 p. \$2.50.
- \*GOLDSTEIN, SIDNEY E. *The Meaning of Marriage and the Foundations of the Family*. Bloch Publishing Company. New York, 1940. 95 p. 50c. Written for Jewish young people but most of its pages will be useful to those of any faith.
- FOLSOM, JOSEPH KIRK, ED. *Plan for Marriage*. New York, Harper and Brothers, 1938. 305 p. \$3.00. The series of lectures on preparation for marriage given at Vassar College—collected in book form.
- GALLOWAY, T. W. *Love and Marriage*. New York, Funk and Wagnalls, 1924. Revised 1936. 78 p. 30c. (National Health Series.)
- NEUMANN, HENRY. *Modern Youth and Marriage*. New York, D. Appleton & Co., 1928. 146 p. \$1.50.
- STONE, HANNAH AND ABRAHAM. *A Marriage Manual*. New York, Simon & Schuster, 1935. 334 p. \$2.50.

### For Teachers, Pastors, Physicians, Nurses, Social Workers and Students

#### *Sex Education*

- BIGELOW, M. A. *Adolescence: Educational and Hygienic Problems*. New York, Funk and Wagnalls, 1924. Revised 1936. 60 p. 35c. (National Health Series.)
- *Sex Education*. New Edition, 1938. New York, American Social Hygiene Association. \$1.00 postpaid.
- BROOKS, FOWLER D. *Psychology of Adolescence*. New York, Houghton Mifflin Co., 1930. 652 p. \$3.00.
- \*GILBERT, MARGARET SHEA. *Biography of the Unborn*. William & Wilkins Company. Baltimore, 1939. 132 p. \$1.75.
- GRUENBERG, BENJAMIN C. *High Schools and Sex Education*. Superintendent of Documents. Washington, 1940. 110 p. 20c.
- HOLLINGWORTH, L. A. *Psychology of the Adolescent*. New York, Appleton, 1928. 227 p. \$2.50.
- SMILEY AND GOULD. *A College Text Book of Hygiene*. New York, Macmillan, 1940 Revised edition. 539 p. \$2.50.
- VAN BUSKIRK, EDGAR F. *Principles of Healthful Living*. New York, The Dial Press, 1938. 366 p. \$3.00.
- GALLOWAY, T. W. *Sex and Social Health*. New York, American Social Hygiene Association, 1924. 361 p. \$1.50 (*special price*).
- WHITE, WILLIAM A. *The Mental Hygiene of Childhood*. Boston, Little, Brown, 1919. 193 p. \$1.75.

#### *Public Health and Medical*

- LONG, W. BAYARD AND GOLDBERG, JACOB A. *Handbook on Social Hygiene*. Philadelphia, Lea and Febiger, 1938. 442 p. \$4.00. Contains contributions by 19 specialists.
- PELOUZE, P. S. *Gonorrhea in the Male and Female*. A book for practitioners. 3rd ed. Philadelphia, Saunders, 1939. 440 p. \$5.50.
- SNOW, WILLIAM F. *Venereal Diseases—Their Medical, Nursing and Community Aspects*. New York, Funk and Wagnalls, 1924. Revised 1936. 98 p. 35c. (National Health Series.)
- STIMSON, A. M. *The Communicable Diseases*. U. S. Government Printing Office. Washington, D. C., 1939. 111 p. 25c.



STOKES, J. H. *Dermatology and Syphilology for Nurses*. Philadelphia, W. B. Saunders Co., 1936. 368 p. \$2.75.

In addition to the special text for nurses contains excellent discussion of general social hygiene principles and place of the movement in community and individual life.

#### *Legal and Protective Measures*

ADDAMS, JANE. *A New Conscience and an Ancient Evil*. New York, Macmillan, 1912. 219 p. \$1.50. Prostitution in modern civilized society.

FLEXNER, ABRAHAM. *Prostitution in Europe*. New York, The Century Company, 1920. 455 p. \$2.00. Useful to students of the problem in the United States.

GLUECK, SHELDON AND ELEANOR. *Five Hundred Delinquent Women*. New York, Alfred A. Knopf, 1934. 549 p. \$5.00.

\* *Juvenile Delinquents Grown Up*. The Commonwealth Fund. New York, 1940. 330 p. \$2.50.

HALL, GLADYS. *Prostitution in the Modern World*. New York, Emerson Books, 1936. 200 p. \$2.00.

HARRISON, LEONARD V., AND GRANT, PRYOR MCNEILL. *Youth in the Toils*. New York, Macmillan, 1938. 167 p. \$1.50.

HEALEY AND BRONNER. *Delinquents and Criminals, Their Making and Unmaking: Studies in two American cities*. New York, Macmillan, 1926. 317 p. \$3.50.

HUTZEL, ELEONORE. *The Police-Woman's Handbook*. New York, Columbia Press, 1933. 303 p. \$2.00.

JOHNSON, BASCOM. *Digest of Laws and Regulations Relating to the Prevention and Control of Syphilis and Gonorrhea in Forty-eight States and the District of Columbia*. New York, American Social Hygiene Association, 1940. 438 p. \$5.00.

VAN WATERS, MIRIAM. *Youth in Conflict*. New York, New Republic Publishing Co., 1925. 293 p. \$1.00.

#### *Family Relations*

ADLER, FELIX. *Marriage and Divorce*. New York, Appleton, 1915. 91 p. \$1.25. Proposes restrictions on divorce and high ideals for marital relationships.

\*BABER, RAY E. *Marriage and the Family*. McGraw-Hill Book Co., New York, 1939. 656 p. \$4.00.

CUNNINGHAM, BESS V. *Family Behavior*. Philadelphia, W. B. Saunders and Co., 1935. 471 p. \$2.75.

Awarded the *Parents Magazine* medal as the book of greatest help to parents published during 1936.

GOODSELL, WILLYSTINE. *A History of the Family as a Social and Educational Institution*. New York, Macmillan, 1915. 588 p. \$3.00.

TERMAN, LEWIS M. *Psychological Factors in Marital Happiness*. New York, McGraw-Hill, 1938. 474 p. \$4.00.

FOLSOM, J. K., EDITOR. *Plan for Marriage*. New York, Harper, 1938. 305 p. \$3.00.

BIGELOW, W. F., AND JUDY-BOND, H., EDITORS. *The Good Housekeeping Marriage Book*. New York, Prentice-Hall, 1938. 182 p. \$1.96.

HART, HORNEILL AND ELLA B. *Personality and the Family*. Boston, Health, 1935. 381 p. \$2.80.

POPENOE, PAUL. *The Conservation of the Family*. Baltimore, Williams and Wilkins, 1926. 266 p. \$3.00.

SPENCER, A. G. *The Family and Its Members*. Philadelphia, Lippincott, 1923. 322 p. \$2.50. The relationship of each member of the monogamous family as it changes to meet new social demands.

#### *Prenatal Care*

DE NORMANDIE, R. L. *The Expectant Mother*. New York, Funk and Wagnalls, 1924. 57 p. 30c. (National Health Series.)

STEVENS, ANNE A. *Maternity Handbook*. New York, G. P. Putnam's Sons, 1932. 178 p. \$1.00.

KENYON, JOSEPHINE H. *Healthy Babies Are Happy Babies*. New York, Little, Brown, 1938. 330 p. \$1.50.

## Pamphlets

*Unless otherwise stated, pamphlets are 10 cents each, 80 cents per dozen, \$5.00 per hundred, \$25.00 per thousand. (Single copies free to members upon request—except as otherwise indicated.)*

Pub. No.

## For Parents

- 319 Your Daughter's Mother, Ruth K. Gardiner  
 778 A Formula for Sex Education, 5¢  
 844 Sex Education in the Home, Helen W. Brown  
 A-52 Health for Man and Boy  
 A-53 Women and Their Health  
 A-54 Marriage and Parenthood  
 A-82 Established Points in Social Hygiene Education, Maurice A. Bigelow  
 A-105 Some Information for Mother, John Palmer Gavit  
 A-164 How Should You Tell Your Child About Sex?, 5¢  
 A-177 Social Hygiene and the Child, Valeria H. Parker  
 A-186 What You Should Know About Syphilis and Gonorrhea, Max J. Exner  
 \$1.00 per dozen, \$7.50 per 100, \$50.00 per 1000

## For Boys and Girls

- 626 From Boy to Man  
 831 Health for Girls

## For Young Men and Women

- 853 The Question of Petting, Max J. Exner  
 972 Betrothal, Paul Popenoe  
 A-176 Choosing a Home Partner, Newell W. Edson  
 \*— Petting, Wise or Otherwise, Edwin Leavitt Clarke, 25¢ Association Press (No free copies)  
*(See also Special Series above)*

For Physicians, Teachers, Pastors, Nurses, Social Workers,  
Youth Leaders

*Further technical references furnished on request. For special articles and issues not listed here see also folder Journal of Social Hygiene as Permanent Reference Material (Pub. No. A-280) and annual indices to the Journal in many libraries.*

## Sex Education

- 778 A Formula for Sex Education, 5¢  
 853 The Question of Petting, Max J. Exner  
 971 Sex Instruction in Public Schools, W. W. Beatty  
 A-63 Approaches to Sex Education in the Schools, Anita D. Laton  
 Reprint *Public Health Nursing*. 10¢ (No free copies).  
 A-82 Established Points in Social Hygiene Education, Maurice A. Bigelow  
 A-157 Sex Education in America Today, M. A. Bigelow  
 A-158 Sex Education in Secondary Schools: 1938, B. C. Gruenberg, 5¢  
 A-159 Integration of Sex Character Education with the Teaching of Biology, Margaret Stewart Funk  
 A-160 A College Summer Session Course in Sex Education, Frances Bruce Strain. 5¢  
 A-163 Sex Education for Parent Groups, Outline of Four Lectures for Popular Presentation, Valeria H. Parker  
 A-171 Sex Education in Home and School, Thomas W. Galloway  
 A-177 Social Hygiene and the Child, Valeria H. Parker  
 A-199 Sex Education in the Public Schools of the District of Columbia. Mary Helen Stohlman  
 A-200 A College Education for Marriage. Paul Popenoe  
 A-208 Sex Education: A General Reader's Guide, G. W. Williams  
 A-211 The School's Responsibility to the Home and the Child in Sex Education, W. L. Chase

## Pub. No.

- A-220 Education for Marriage, Max J. Exner  
 A-253 Should Social Hygiene Associations Engage in Both Syphilis Control and Sex Education? Arthur W. Towne  
 — Sex Education. A guide for Teachers and Parents. Thomas D. Wood, Marion O. Lerrigo, Thurman B. Rice. 25¢ (*No free copies*)  
 \*— High Schools and Sex Education, (Revised 1939) B. C. Gruenberg, 20¢ (*Order direct from Government Printing Office, Washington, D. C.*)

*Marriage and Family Relations*

- 932 Love, Courtship and Marriage. Lecture and discussion outlines, N. W. Edson. 15¢  
 982 Marriage and Morals, Henry Neumann  
 A-161 Education and the Family, J. Laurence Meader  
 A-177 Social Hygiene and the Child, Valeria H. Parker  
 — Prenatal Care, U. S. Children's Bureau. 10¢ (*No free copies*)  
 A-187 Marriage—Can It Be Adjusted?, Kenneth D. Johnson  
 — Preparing for Marriage, Paul Popenoe, Los Angeles Institute of Family Relations. 25¢ (*No free copies.*)  
 — Marriage and Sexual Harmony, Oliver M. Butterfield, 50¢ (*No free copies*)

*Popular Health Instruction*

- 995 Notes for a Popular Talk for the General Public on Syphilis and Gonococcal Infections, 5¢, Walter Clarke  
 A-58 Congenital Syphilis, Jessie Marshall. 5¢  
 A-62 Social Hygiene and the Public Mind, David Resnick  
 A-119 A-B-C of Syphilis, 5¢  
 A-124 Hidden Costs in Industry—popular style pamphlet for employers  
 A-185 Social Hygiene Publicity Aids, Edward C. Kienle  
 A-186 What You Should Know About Syphilis and Gonorrhea, M. J. Exner  
 \$1.00 per dozen, \$7.50 per 100, \$50.00 per 1000  
 \*A-238 The Medical Charlatan, the quackery problem, \$2.50 per 100, \$15.00 per 1000  
 \*A-239 That Baby you Love, the congenital syphilis problem, \$1.50 per 100, \$10.00 per 1000  
 — Syphilis Can be Stamped Out, Thomas Parran, Reader's Digest reprint. (*Single copies free on request*)  
 Leaflets (Sample copies free) \$1.00 per 100, \$5.00 per 1000  
 A-102 "Our family are having their blood tests"—for Negro groups  
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 \*A-237 Jerry Learns a Lesson—Keep Away From Quacks—for young men

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*Public Health and Medical*

- 931 Industrial Aspects of Venereal Disease Control, James W. Long, 10¢  
 A-3 The Newest Generation, W. F. Snow  
 A-46 Individual Prophylaxis in Theory and Practice, William F. Snow  
 A-87 The Control of Syphilis in Industry, Albert E. Russell  
 A-88 On the Trail of the Spirochete and Gonococcus, Joseph Weinstein—(Epidemiology)  
 A-89 Blood Tests for Syphilis, Alfred Cohn. 5¢  
 A-91 Gonococcal Vaginitis in Children, Michael Wishengrad  
 A-97 The Vaginitis Clinic, R. A. Benson, Arthur Steer  
 A-101 Social Hygiene Nursing Techniques—A Manual of Procedure, Nadine Geitz. 84 p. 25¢. (*No free copies.*)  
 A-124 Hidden Costs in Industry—for employers—popular style

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- \*A-127 The Private Physician's Part in the Syphilis Campaign
- A-148 Gonorrhea—Stepchild of Medicine, Edward L. Keyes
- A-149 A Study of Syphilis in American Colleges, Tumbleson and Ennes
- A-170 Syphilis and Gonococcal Infection in Children, Walter Clarke
- A-226 Social Aspects of Syphilis and Gonorrhea, Mildred E. Hearsey
- A-230 Some Problems in the Control of Syphilis as a Disease, J. H. Stokes
- \*A-243 Next Steps in Stamping Out Congenital Syphilis, Mary S. Edwards
- \*A-246 The Pharmacist's Role in Combatting Syphilis, P. F. Geffen
- A-252 Advances in the Control of Syphilis and Gonorrhea under the provisions of the Venereal Disease Control Act, R. A. Vonderlehr
- A-257 Syphilis and Federal Assistance to the States—to Date, W. F. Snow
- \*A-272 The Five Day Treatment for Syphilis, C. Walter Clarke
- A Manual of Information on the Treatment of Syphilis and the Control of Venereal Disease. American Medical Association. 10¢. (No free copies.)
- Recommendations for a Venereal Disease Control Program in the State and Local Health Departments. U.S.P.H.S., reprinted from *Venereal Disease Information*. 5¢. (No free copies.)
- Diagnosis of Syphilis by the General Practitioner. U. S. Public Health Service, 10¢. (No free copies)

*Legal and Protective Measures*

- A-28 Prostitution in the United States, Bascom Johnson. Reprinted from *The Commentator* (\$7.50 per 100)
- A-29 A Current View of Prostitution and Sex Delinquency, Bascom Johnson
- A-30 An Open Letter to Any Community in Search of Freedom from Commercialized Prostitution. *Free*
- A-31 Outline for a Talk on Social Hygiene Legal and Protective Measures, 5¢
- A-32 Milestones in the March Against Commercialized Prostitution in the United States. *Free*
- A-142 Premarital and Prenatal Examination Laws, Bascom Johnson
- A-146 The Unofficial Grand Jury, Bascom Johnson
- A-150 Facts Behind the Laws, Mary S. Edwards
- A-151 Advice from a Lawmaker, Thomas C. Desmond
- A-152 State Laws and Regulations of State Boards of Health Which Deal With the Venereal Diseases, Bascom Johnson
- A-155 Catholic Attitude Toward Some Hygienic Legislation, Francis P. Cavanaugh, 5¢
- A-172 Sex Offenders Against Young Children: What Shall Be Done About Them?, Ira S. Wile
- \*A-198 Protection of Marriage and Childlife Against Syphilis, W. F. Snow, M.D.
- \*A-206 The Prostitution Racket—Related Health Problems, Bascom Johnson
- \*A-207 Nine Months' Experience with the New Jersey Premarital Medical Examination Law, John Hall
- \*A-210 New Laws to Protect Marriage and Babies, B. Johnson (*Single copies free*)
- \*A-242 Prostitution and Quackery in Relation to Syphilis Control, B. Johnson
- \*A-243 Next Steps in Stamping Out Congenital Syphilis, Mary S. Edwards
- \*A-250 Illegal and Unethical Practices in the Diagnosis and Treatment of Syphilis and Gonorrhea, M. S. Edwards, P. M. Kinsie
- \*A-271 Premarital Examination Laws in Operation, Mary S. Edwards
- \*A-275 The Story and the Moral, John R. Pate

*Youth and the Community*

- 959 Case of Youth vs. Society, W. D. Townner
- A-201 A Study of Syphilis in American Colleges. Tumbleson and Ennes
- A-202 Youth Fights Syphilis in a City Health District. Margaret Cummings
- A-247 Getting Started on a Youth Program (*Free*)

*General*

- A-180 The Intelligent Citizen's Guide to Syphilis Control, Eleanor Shenehon
- A-181 Suggestions for Organizing a Community Social Hygiene Program
- A-183 The Long Range View—On Syphilis and Other Social Hygiene Problems, A. M. Schwitalla

Pub. No.

- A-189 Social Hygiene—A Task of all the People, Ray Lyman Wilbur,
- A-240 Social Hygiene—Hold That Line, Harriet S. Cory (*Free*)
- \*A-241 Function of the National Agency, Ira V. Hiscock

### Special Reference Lists

- A-34 References of Value—Legal and Protective Measures
- A-131 Social Hygiene Exhibits
- A-168 A Few References for Young People, Parents and Youth Leaders
- A-192 Seeing and Hearing Social Hygiene—films
- \*A-197 Medical and Public Health Aspects of Social Hygiene (new or revised)
- \*A-223 Selected References for Parents and Teachers on Sex Education in the Schools (new or revised)
- \*A-231 Books on Social Hygiene (new or revised)
- A-251 References on Marriage and the Family
- A-258 Social Hygiene and the Family Case Worker
- Y-15 Social Hygiene Aids for Youth and Youth-Serving Groups

## THE NEXT STEPS IN FEDERAL-STATE COOPERATION FOR NATION-WIDE VENEREAL DISEASE CONTROL WORK

Congress has passed a 24 per cent increase in the appropriation for federal assistance to the states in the venereal disease control program for 1940-41. Congressman Louis Ludlow summed up the general views of statesmen and citizens alike when he said:

"In approving the item of \$6,200,000 for federal participation in the nation-wide venereal disease control program I would like to call attention to the friendly attitude of the members of the House as well as of the Senate to this sound and effective program for which seven million was authorized by the Act of May 24, 1938 and voted by the Senate for 1941. Only the exigencies of present financial limitations have prevented appropriation of the full amount. This was clearly indicated in the sub-committee's excellent report on this important item.

"I make this statement now because I think our colleagues in Congress and the people throughout the states who are cooperating with their health and medical professions should know how carefully and with what concern for the best interests of the program this matter has been considered. I hope that next year the full amount approved by the Senate, or a larger sum, can be appropriated for carrying on this greatly needed work.

"Mr. Speaker, I addressed the House in behalf of the full authorization March 11, 1941. I ask that the arguments I presented at that time, together with the statements of other members of Congress and the committee reports and documented testimony be kept in mind by all concerned with planning the budget for 1942."\*

The next steps for members and friends of the social hygiene movement are (1) to make certain that their respective communities are participating in the work 100 per cent, (2) to support those concerned with planning budgets for next year—both Federal and State—in providing adequately for uninterrupted advance in this field of social hygiene.

\* Congressman Louis Ludlow, House of Representatives,  
See Congressional Record, May 15th, 1940, page 9476.

## THE JOURNAL OF SOCIAL HYGIENE AS PERMANENT REFERENCE MATERIAL

*The Editors of the JOURNAL make a constant effort to publish articles and material of lasting value as well as of current interest. The issues listed are recommended for parents, teachers, librarians, pastors, social workers, physicians, nurses and students of social hygiene.*

### VOLUME 18 (1932)

No. 6—Social hygiene and unemployment: *from the medical point of view*—C. Gordon Heyd; *from the legal point of view*—Jonah J. Goldstein. *Measurement of progress in the repression of prostitution*—Neva Deardorff. *Relations of police and health officials to the problems of prostitution and the venereal diseases*—W. F. Snow.

No. 7—Syphilis as an economic problem—*The cost of treating syphilis*—Michael Davis and Leon Bromberg. *A symposium on ways and means of providing treatment*—W. F. Snow.

### VOLUME 19 (1933)

No. 8—Popular health instruction—*Social hygiene education in a city of medium size*—Jean B. Pinney. *The Negro doctor in control of syphilis*—Maurice Sullivan. *Syphilis and gonorrhea patients in hospitals in the United States* (a summary).

### VOLUME 20 (1934)

No. 3—General Number—*School exclusions for gonorrhea infections in Washington*—Ella Oppenheimer and Ray H. Everett. *A young people's Bill of Rights*—Emma C. Puschner. *Syphilis and the general medical practitioner. Instruction regarding syphilis in American medical schools.*

No. 5—Parents Number—*Youth blazes a new trail* (for church groups)—Roy E. Dickerson. *Sex instruction in public schools*—W. W. Beatty. *Social life for high school girls and boys*—Paul Popenoe. *Substitutes for vice*—Baseom Johnson. *The least privileged child* (congenital syphilis)—Walter Clarke. *Suggestions for organizing a community social hygiene program; and Some things a community should know about itself.*

No. 6—Library Number—*Special articles, book reviews, bibliographies, the social hygiene bookshelf and other items.*

No. 7—General Number—*The sociologist looks at the family*—J. P. Lichtenberger. *Present status of gonorrhea*—E. Granville Crabtree. *Syphilis clinics in New York City*—Carr and Goldberg.

### VOLUME 21 (1935)

No. 3—General Number—*Abolition of licensed houses of prostitution*—League of Nations Report. *Aspects of venereal disease in Washington, D. C.*—Fields and Everett. *Teaching of social hygiene during the depression*—Florence H. Richards. *Venereal disease in South America*—Kendall Emerson.

No. 4—Conference Number—*The role of neighborhood agencies in a social hygiene program*—Ellen G. MacDowell. *Child questions and their answers*—Olive Woodruff. *Social service problems among venereal disease cases*—A. M. Pfeiffer. *Syphilis and mental diseases*—Willis E. Merriman. *The domestic relations court*—Charles H. Warner.

**No. 5—Church Number—***The church, social relations and family welfare*—Anna Garlin Spencer. *What can the church do for social hygiene?*—John C. Ward. *Catholic church and the social hygiene movement*—John M. Cooper. *Church and law enforcement*—Harlan M. Frost. *Social hygiene and synagogue youth*—Philip D. Bookstaber. *Education in rural parishes*—Lawrence Larrowe. *Committee on marriage and the home*—L. Foster Wood. *Pre-marital instruction in one church*—C. Rankin Barnes. *Ninety-nine steps club*—C. Everett Wagner. *Readings and reference list for church libraries and leaders.*

**\*Nos. 7-8-9—Quarterly Number—***The public, the doctor and the syphilis problem*—John H. Stokes. *Case of youth vs. society* (report of the Orange Youth Trial)—Wayland D. Towner. *Discussion outlines on love, courtship and marriage*—Newell W. Edson. (50 cents)

### VOLUME 22 (1936)

**No. 1—Final Report—***Conference on education and family relations.* Group reports, appendices containing notes, bibliographies, list of sponsors, et cetera.

**No. 3—Marriage and Family Life Number—***No right to marry* (short story)—Margaret Culkin Banning. *Marriage and morals*—Henry Neumann. *Some mate selection standards of college students and their parents*—Ray Erwin Baber. *Is family counseling a profession?*—Robert G. Foster. *Selected references on marriage and the family.*

**No. 4—Health Education Number—***New brooms and old cobwebs*—(notes on progress in public information)—Jean B. Pinney. *Social hygiene on the air*—Thomas C. Stowell. *Eddy Blake tries to enlist* (a radio play)—Isabel Beardsley. *Carrying health facts to industry*—Ray H. Everett. *References on medical and public health aspects.*

**No. 5—Childhood and Youth Number—***The newest generation—its health rights and wrongs and what can be done about them*—William F. Snow. *An old state takes up a new idea* (parent education in Vermont)—Martha Buttrick. *Modern youth and recreation*—Corinne Fonde. *Guppies and the facts of life*—Peggy vonder Goltz. *A high school program in social hygiene*—Hazel V. Smith. *Selected references on childhood and youth.*

**No. 6—Fourth Annual Library Number—***A symposium by ten librarians.* Book reviews—bibliographies on special topics—social hygiene bookshelf for 1936—*Journal of Social Hygiene* as permanent reference material.

**No. 7—Community Number—***Organizing a regional conference on social hygiene*—J. A. Goldberg. *What are the things a nurse should know?*—E. H. Morris. *Health programs of General Federation of Womens Clubs and National Council of Women.*

**No. 8—Medical and Public Health Number—***Syphilis and social security*—W. F. Snow. *The eye in syphilis*—Conrad Berens. *Late latent syphilis*—F. O. Reinhard. *New York City reports progress*—Walter Clarke. *Tracing the source of infection in syphilis*—Kulchar and Ninnis.

**No. 9—Commercialized Prostitution as a Community Problem—***A current view of prostitution and sex delinquency*—Bascom Johnson. *Why let it come back—the case against the segregated vice district.* *An open letter to any community.* *Outline for a talk on legal and protective measures.* *Milestones in the march against prostitution.*

### VOLUME 23 (1937)

**No. 1—Conference on Venereal Disease Work—***The principal papers, section reports and other data relating to the conference, called by Surgeon General Parran in December, 1936, to discuss practical plans for work in the states and communities.*

**No. 3—Social Hygiene Day Number—***A full report of the observance of this nation-wide event, the First National Social Hygiene Day, with lists of cooperating agencies, program details of many of the 500 meetings, maps and illustrations.*

**No. 4—International Number—***Venereal disease control in Denmark*—C. Wendell Freeman. *Moscow revisited*—Rachelle Yarros. *A physician discusses the false security provided by licensed prostitution*—M. le Docteur Rist. *Syphilis campaign in Turkey*—Etem Vassaf. *Numerous news notes from other countries.*

**No. 5—Nurses' and Social Workers' Number—***Problems of syphilis and gonorrhea insofar as social agencies are concerned*—Eleanor Moore and Elizabeth Dutcher. *Prenatal syphilis in clinic practice*—William Bayard Long. *Modern fever therapy in syphilis and gonorrhea*—Adolph Jacoby. *What are Life Insurance Companies doing about syphilis*—Charles R. Rein, Marguerite Le Moine and Margaret G. Stephens. *Medical social service in syphilis clinics*—Kathryn A. Loughrey.

**No. 6—Fifth Annual Library Number—***Venereal diseases and the human race*—William F. Snow. *Facts about social hygiene—historical and current. Classified book reviews. Social hygiene bookshelf for 1937.*

**No. 7—Public Information Number—***Social hygiene and the Public Mind*—David Resnick. *Syphilis in pictures*—R. A. Vonderlehr and Philip S. Broughton. *The American Medical Association's Bureau of Public Health and Instruction*—W. W. Bauer. *The people versus syphilis*—George J. Nelbach. *Syphilis education activities in New York State*—W. A. Brumfield. *Social Hygiene Day in New Jersey*—John Hall. *Social hygiene education for seven millions: I. From the standpoint of an official agency*—Theodore Rosenthal. *II. From the standpoint of a voluntary agency*—Jacob A. Goldberg. *The Association's Anti-Syphilis Committee offers "79 Opportunities" to givers.*

**\*No. 8—Youth Number—***Youth's response to war on syphilis*—George Gallup. *Youth's own fight*—A. M. Sirkin. *Social hygiene studied by the American Youth Commission*—Arthur L. Brandon. *The NYA and social hygiene*—Aubrey Williams. *Venereal diseases in the Civilian Conservation Corps*—Robert Fechner. *4-H club work*—Gertrude L. Warren. *Social hygiene emphasis for American Education Week*—Lyle W. Ashby. *The public recreation movement and its service to youth*—Mary Breen. *Sex education in the Y.M.C.A.*—John Brown, Jr. *Social hygiene program, National Board, Y.W.C.A.*—Janet Fowler Nelson. *Parents on the spot*—Aimee Zillmer. *Youth in training for marriage through the churches*—Leland Foster Wood. *Making the community conscious of its girls*—Marie A. Gezon. *Sex education in the high school, Robinson, Illinois*—P. K. Houdek.

## VOLUME 24 (1938)

**No. 1—Medical Number—***Industrial aspects of venereal disease control*—James W. Long. *The control of syphilis in industry*—Albert E. Russell. *On the trail of the spirochete and gonococcus*—Joseph Weinstein. *Blood tests for syphilis*—Alfred Cohn. *Male gonorrhea clinics in New York City*—Michael Wishengrad and Jacob A. Goldberg. *Progress through social security aid in the department of health, Newark, New Jersey*—M. J. Exner. *Clinic treatment of gonorrhea in women in New York City*—Edward A. Horowitz and Jacob A. Goldberg. *Gonococcal vaginitis in children*—Michael Wishengrad. *"I take this opportunity."*

**No. 3—Radio Number—***Editorial—Radio Speeds Social Hygiene Progress. Social hygiene is on the air!*—Edward C. Kienle. *We face a new day in public health*—Thomas Parran, John J. Pershing, Ray Lyman Wilbur. *The United States Navy's interest in social hygiene*—P. S. Rossiter. *The private physician's part in the syphilis campaign*—J. H. J. Upham. *Your family*—William F. Snow. *Three doctors discuss syphilis—a radio conversation. WNYC holds a social hygiene forum hour*—Dorothy Davids. *Radio talks and mechanical lectures.*

**No. 4—Nurses' Number—***Social hygiene nursing techniques—a manual of procedure in the diagnosis, treatment and public health control of syphilis and gonorrhea*—Nadine B. Geitz.

**Nos. 5-6—Year Book Number—***A summary of recent social hygiene events in the states and communities*—Jean B. Pinney and Eleanor N. Shenehon. *Lists of state agencies and officers and national groups.*—*A summary of laws relating to venereal disease and marriage in 26 states*—Bascom Johnson. 75¢



**No. 7—Sixth Annual Library Number—*Social Hygiene***—Edward L. Keyes. *Syphilis and Federal assistance to the States*—William F. Snow. *Classified book reviews. Social Hygiene Bookshelf for 1938.*

**No. 8—Marriage and the State Number—*Shall we break with tradition in marriage laws?***—Paul Cornell. *Facts behind the laws*—Mary S. Edwards. *Premarital and prenatal examination laws*—Bascom Johnson. *Public opinion and New York's "Baby Health Bill"*—Edward C. Kienle. *How the New Jersey law was passed*—John Hall. *Advice from a lawmaker*—Thomas C. Desmond. *Administrative aspects of the prenatal and premarital examination laws*—Walter Clarke. *Catholic attitude toward some hygienic legislation*—Francis P. Cavanaugh. *State laws and regulation of State Boards of Health which deal with the venereal diseases*—Bascom Johnson.

**No. 9—Sex Education and Youth Number—*Sex education in America today***—Maurice A. Bigelow. *Sex education in secondary schools: 1938*—Benjamin C. Gruenberg. *Integration of sex character education with the teaching of biology*—Margaret Stewart Funk. *A college summer session course in sex education*—Frances Bruce Strain. *Education and the family*—J. Laurence Meader. *Sex education for parent groups. A four-lecture outline*—Valeria Hopkins Parker.

### VOLUME 25 (1939)

**\*No. 1—Children's Number—*New opportunities for child health***—Katharine F. Lenroot. *Syphilis and gonococcal infections in children*—Walter Clarke. *Prevention of congenital syphilis*—Margaret L. Davis. *The vaginitis clinic*—Reuel A. Benson and Arthur Steer. *Sex Education in home and school*—Thomas W. Galloway. *Sex offenders against young children: What shall be done about them?*—Ira S. Wile.

**No. 2—Community Number—*The long range view***—Alphonse M. Schwitalla. *The intelligent citizen's guide to syphilis control*—Eleanor Shenehon. *Training of social hygiene personnel, Part I*—R. A. Vonderlehr; *Part II*—Marion Simonson. *Social hygiene publicity aids*—Edward C. Kienle. *Suggestions for organizing a community social hygiene program. Some things a community should know about itself. You can't do it without money!*—Donald C. Dougherty.

**No. 3—Anniversary Number—*Social hygiene—a task of all the people***—Ray Lyman Wilbur. *Social Hygiene Day on forty-eight fronts*—Eleanor Shenehon. *Progress in 1938.*

**No. 4—Youth and Marriage Number—*Marriage—can it be adjusted?***—Kenneth D. Johnson. *A college education for marriage*—Paul Popenoe. *Youth fights syphilis in a city health district*—Margaret Cummings. *A study of syphilis in American colleges*—Robert C. Tumbleson and Howard W. Ennes.

**No. 5—Legal and Medical Measures Number—*The prostitution "racket"; related health problems; and a suggested remedy***—Bascom Johnson. *Sweden vs. our shadowed land*—Helen Clarke. *Gonorrhea—stepchild of medicine*—Edward L. Keyes. *Nine months' experience with the New Jersey premarital medical examination law*—John Hall.

**No. 6—Seventh Annual Library Number—*Sex education; a general reader's guide***—Griffith Williams. *Syphilis and federal assistance to the states—to date*—William F. Snow. *New laws to protect marriage and babies*—Bascom Johnson. *Classified book reviews. Social Hygiene Bookshelf for 1939.*

**\*No. 7—Sex Education in the Schools—*The School's Responsibility to the Home and the Child in Sex Education***—W. Linwood Chase. *Sex Education in the Public Schools of the District of Columbia*—Mary Helen Stohman. *Arousing Teacher Interest in New York City*—Jacob A. Goldberg. *Bibliography—Selected References for Parents and Teachers on Sex Education in Schools.*

**No. 8—Social and Public Health Aspects of Syphilis and Gonorrhea—*Social Aspects of Syphilis and Gonorrhea***—Mildred E. Hearsey. *District Health Centers and Social Hygiene Work*—Margaret W. Barnard and Theodore Rosenthal.

*Sociological Study of a Syphilis Clinic in a Voluntary Hospital*—D. Edward Frank and Nettie Crowswhite. *Book Reviews*.

**No. 9—Social Hygiene in Your Town—Reporting on the 1939 Conference of Social Hygiene Executives—***Social Hygiene Hold That Line*—Harriet S. Cory. *The Function of the National Agency*—Ira V. Hiscock. *Advances in the Control of Syphilis and Gonorrhea under the Provisions of the Venereal Disease Control Act*—R. A. Vonderlehr. *Should Social Hygiene Associations Engage in Both Syphilis Control and Sex Education?*—Arthur W. Towne. *Tools of the Trade in Public Health Education*—Philip S. Broughton. *The Children of Your Town*—Valeria H. Parker. *The Youth of Your Town*—Ray H. Everett. *Parents in Your Town*—Newell W. Edson. *How Can the Social Hygiene Society Cooperate With the Official Health Services of Your Town?*—George J. Nelbach. *With Medical, Nursing and Social Work Groups?*—Jacob A. Goldberg. *In Reaching the Public?*—D. V. Galloway.

### VOLUME 26 (1940)

**No. 1—Social Hygiene Day Number—***Side-Partners of Syphilis*—Walter Clarke. *Prostitution and Quackery in Relation to Syphilis Control*—Bascom Johnson. *Next Steps in Stamping Out Congenital Syphilis*—Mary S. Edwards. *A Few Suggestions for Your Club's Social Hygiene Day Meeting Program*. *The Pharmacist's Role in Combatting Syphilis*—Pauline F. Geffen. *Getting Started on a Youth Social Hygiene Program*.

**No. 2—Industrial Number—***A Syphilis Control Program in Industry*—Carl A. Wilzbach. *Industrial Cooperation in Syphilis Control in New Jersey*—John Hall. *Syphilis in Industry*—Theodore Rosenthal. *Effects of Syphilis on Health and Earning Power*—Alden Lillywhite. *Industrial Plan of the Delta and Pine Land Company of Mississippi*—Oscar Johnston. *Negro Insurance Companies and Syphilis Control*—William George Tyson.

**\*No. 3—Anniversary Number—***Annual Dinner Meeting of the American Social Hygiene Association*. *Work for Humanity*—Thomas Parran. *The Challenge of Social Hygiene*—Nathan B. Van Etten. *Presentation of the William Freeman Snow Award "For Distinguished Service to Humanity" to General John J. Pershing*.

**No. 4—Quackery and Self-Treatment—***Public Health Education—Has it Succeeded?*—Walter Clarke. *Illegal and Unethical Practices in the Diagnosis and Treatment of Syphilis and Gonorrhea*—Mary S. Edwards, Paul M. Kinsie, Bascom Johnson. *Standards and Ethics of the Pharmaceutical Profession—How Can the Cooperation of the Pharmacist be Obtained?*—A. G. DuMez. *Charlatanism in Relation to Syphilis and Gonorrhea*—Paul C. Barton. *Fourth National Social Hygiene Day*—Eleanor Shenehon.

**No. 5—Family Number—***Human Hopes—A Talk About the Family*—Ray Lyman Wilbur. *Community Safeguards in the Protection of Childhood and Youth*—E. Marguerite Gane. *The Story and the Moral*—John R. Pate. *The Five Day Treatment for Syphilis*—C. Walter Clarke. *Premarital Examination Laws in Operation*—Mary S. Edwards.

Single numbers 35 cents except as otherwise indicated; any three numbers \$1.00 postpaid; any 12, \$3.00; entire group of 30 issues \$7.00 postpaid. American Social Hygiene Association, 50 West 50th Street, New York.

\* Out of print but available in many libraries.

## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall within its field and are requested for review for its readers will be considered for review in later issues.*

### IN THE PERIODICALS

- AMERICAN JOURNAL OF DISEASES OF CHILDREN, Chicago, Ill., October, 1939. *Factors Influencing Development of Sexual Attitudes and Sexual Awareness in Children.* By Jacob H. Conn, M.D. pp. 738-745
- AMERICAN JOURNAL OF PUBLIC HEALTH, March, 1940. *Health Education of the Public.* By W. Ford Higby. p. 278
- AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES. May, 1940. *Statistical Studies of Serologic Surveys.* By Richard Ledgerwood, Ph.D. p. 284
- ANNUAL REPORT OF THE SURGEON GENERAL, U. S. Navy, Washington, 1938.
- ANNUAL REPORT, 1938-39. Racial Social Hygiene Association of New South Wales, Sydney, Australia.
- BULLETIN OF GENITOINFECTION DISEASES, Massachusetts Department of Health, March, 1940. *The Private Physician and the Public Health Control of Genitoinfectious Disease.* By John H. Stokes, M.D.
- BULLETIN OF FAMILY RESEARCH AND EDUCATION. February, 1940. *News and Announcements, Abstracts and Reviews,* Vassar College.
- BULLETIN OF MASSACHUSETTS SOCIETY FOR SOCIAL HYGIENE, Boston, Mass. Jan.-Feb., 1940. *What Shall We Do About it?* By Ida G. Buckley. p. 1
- BULLETIN VANCOUVER MEDICAL ASSOCIATION, January, 1940. *Prostitution—Facts and Fallacies.* By D. H. Williams. p. 102
- CALIFORNIA AND WESTERN MEDICINE, San Francisco, Cal. Nov., 1939. *Premarital Examinations.* By W. M. Dickie. p. 353
- COLLEGE HEALTH REVIEW. Division of Hygiene and Public Health, Howard University, Washington, D. C. February and March, 1940 issues.
- CONNECTICUT HEALTH BULLETIN, Hartford, Conn., February, 1940. *Some Data on the Reported Cases of Syphilis and Gonorrhea in Connecticut During 1939.* p. 37
- COUNTRY GENTLEMAN, May, 1940. *They Risk Life to Live.* By Paul de Kruif. p. 12
- FORUM, New York City, October, 1939. *Should Public Schools Teach the "Facts of Life"?* Part I by Ellsworth B. Buck. pp. 172-174. Part II by George J. Lent and Francis S. Moseley.
- GEORGIA'S HEALTH. Hapeville, February, 1940. *Drug Stores Which Diagnose Venereal Diseases and Prescribe Treatment are Violating Law.* p. 2
- HEALTH AND EMPIRE, London, January, 1940. *The Problem of Venereal Diseases in War Time.* p. 151
- *War Time Problem.* pp. 130, 135
- April, 1940. *Social Service in the Venereal Diseases Service.* By Dorothy Manchee. p. 105. *Social Service and Venereal Disease.* By Mlle. Maria de Steller. p. 199. *The Edinburgh Venereal Diseases Scheme in Action.* By R. C. L. Batchelor. p. 204
- HIGHLIGHTS. Family Welfare Association of America, New York City. March, 1940. 16 p. (New monthly publication).
- HYGEIA, January, 1940. *The Place of Sex Education in School.* By Warren E. Forsythe. p. 19
- INSTRUCTIONAL SERVICE SERIES No. 18, Department of Public Instruction, Lansing, Michigan, 1939. *Sex Education in the Curriculum.* By Harold A. Miller, M.D. and Robert S. Breakey, M.D.
- INDUSTRIAL MEDICINE, Beloit, Wis., February, 1940. *The Anti-Syphilis Campaign.* By P. J. Ochsner. pp. 77-79
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 American Journal of Syphilis, Gonorrhea and Venereal Disease.  
 Venereal Disease Information.  
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# IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

The opening of the *New York World's Fair*, the *American Pharmaceutical Association's convention* in Richmond, and the new "*Five-Day Treatment for Syphilis*" have crowded the public health headlines this month. The informative article by Dr. Walter Clarke with its word of warning about *The Five-Day Treatment of Syphilis* (reprinted from May JOURNAL OF SOCIAL HYGIENE) has gone out to pharmaceutical, medical and health publications throughout the United States, and is being translated in Spanish for *El Farmaceutico* by Mr. Vollmer, director of the Latin-American publication. A representative of the Turkish Foreign Press Syndicate is giving this leaflet circulation in Europe. *Science Service* in Washington has syndicated this feature in their column, *Your Health—Here's How*.

Visitors to the Quiz Corner, the Association's exhibit at the *New York World's Fair* over one Saturday and Sunday came in for a lot of excitement when Wide World Photos took pictures of the crowded booth. *With These Weapons*, the Association's syphilis motion picture, is being shown at both the San Francisco Golden Gate Exposition and the New York World's Fair. First showing in San Francisco was May 25th; in New York, June 6th.

A new edition of American Social Hygiene Association *Publicity Aids* has just been completed. This issue is all about publicity for *With These Weapons*.

The American Pharmaceutical Association convention in Richmond, May 7th, was covered by newspapers, drug, and medical publications. *The Richmond Times-Dispatch* (May 8th) reporting Doctor Clarke's address, quoted these lines:

"Most pharmacists already are conforming to the ideals of good practice," Dr. Clarke said, and "there are seven principal contributions which the pharmacist can make in assisting the health and welfare forces in their community in the conquest of syphilis and gonorrhea.

"Summarized, these points are as follows: don't diagnose; don't prescribe; refer patients to physicians; don't sell 'patent remedies' for the self-treatment of venereal diseases; don't sell defective prophylactic; distribute informational literature obtainable from health departments; and get the pharmaceutical society to give valued help as a body of professional men."

*Des Moines, Rhode Island, New York, Ohio and Minnesota newspapers* have recently carried stories appealing for funds to support the national campaign. Typical of one of these editorials is this excerpt from the *Niagara Falls Gazette* (May 8th):

"To date the anti-syphilis committees have worked along without the advantage of adequate funds, and a strenuous effort is being made to greatly increase the number of givers to this activity in 1940. This newspaper endorses the national anti-syphilis campaign and suggests that you send your contribution to Mr. Mather, campaign chairman, National Anti-Syphilis Committee."

The *C. V. Mosby Company* is again using a full-page announcement of social hygiene facilities in their June publications. . . . Robert W. Howard, associate editor, *Farm Journal*, is planning a series of articles on rural social hygiene. . . . Eleanor Crook, editor, *Our Hospitals*, in Chicago, has written an excellent article on the anti-syphilis campaign, to appear in the June issue. . . .

The great amount of space devoted to the new *Pennsylvania Premarital Law* in the news and editorial columns of Pennsylvania newspapers during the last three months surpasses anything we have seen from other states. Over 50 clippings have come in during May telling of this law, which went into effect May 17th. "The new law requires all applicants for marriage licenses to produce a signed statement from a Pennsylvania licensed physician to the effect that the applicant was examined within 30 days and found to be either free of syphilis or non-infectious." (*Johnstown-Democrat*, Feb. 12, 1940.)

# Journal of Social Hygiene

The Schools and Social Hygiene Number



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Fifth National Social Hygiene Day  
February 5, 1941

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

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# Journal of Social Hygiene

VOL. 26

OCTOBER, 1940

NO. 7

The Schools and Social Hygiene Number



## THE POSITION OF SEX EDUCATION IN THE GENERAL EDUCATIONAL SYSTEM \*

HARRIET S. CORY, M.D.

*Executive Secretary, Missouri Social Hygiene Association, St. Louis*

Until recently I should have felt called upon to use two-thirds of my time in establishing the theory of my subject—to give sex education a character, so to speak, with older accepted subjects. As it is, I shall merely give a statement of more or less generally accepted ideas in relation to it, and then try to develop very practical methods for its incorporation into the curriculum.

I wish that I had time to go into the history of the change in attitude which has taken place within the past two decades,—the courageous stand taken by individuals from different parts of the country. It is one of the most illuminating examples of the ability of the human mind to free itself from the trammeling influence of prejudice and fear. So that now among educators generally it is accepted with

\* This paper was given at the Annual Conference of the National Association of Deans of Women, February 21, 1940, St. Louis, and was also printed in the JOURNAL of that organization, March, 1940.

comparatively little controversy that there can be no complete and comprehensive health or character education in our education program which does not give full consideration to the sex implications in both.

More than anything else which has brought about this change, I should consider of most value in the understanding of human nature, contributions from the fields of psychology and endocrinology. Sex education might be looked upon as a corollary in the development of these two subjects during our century. They have both thrown a great deal of light upon the importance of sex, both physically and emotionally, in the development of personality. They have proven that it is fantastic to isolate man's sex life from his life as a whole, or to consider sex from the standpoint of reproduction only. The importance of the gonads in the development of the individual, quite apart from any reference to reproduction, make such a disposition of the sex aspect of life untenable.

Nature has surrounded the sex instinct with many things which have nothing to do with reproduction as such. Out of it have grown, with a great diversity of expression all the manifestations of love, affection and attraction known to the human race. She has tied it up intimately with a feeling for beauty of all kinds—love of music, poetry, rhythm, nature—all the things which take one's breath and throw one out to meet one's world. The connection between certain types of misbehavior and unhappiness and inadequate or distorted sex information is not always obvious. But the reading of *Mental Conflicts and Misconduct*, a report and explanation by Dr. William Healy of certain cases which came under his observation while he was Director of the Psychopathic Institute, Juvenile Court, Chicago, makes the connection clear. The book is not written on or in behalf of sex education and yet I have used it in my work as a classic setting forth the importance of sex education in mental health.

I can all but hear you saying, "This is all well and good, but what are we to do about it?" I have to remind you in this connection how skeptical, if not downright obstructive some members of the teaching profession have always been when it came to making any addition to the three R's in education. Remember with what difficulty art, music appreciation, typewriting, gardening and even physical education found their places. Their inclusion was due to the persistence of educators with imagination and vision. In even greater degree this imagination must be called upon again. For sex education presents a difficulty with which these other subjects were not hampered—it concerns itself with an aspect of human life which is charged, and always will be charged, with deep emotion, and which is linked with taboos, if you will, both religious and social, which are basic to our civilization. All the more interesting, then, is the effort to give it its logical place in education and the mental exhilaration which will be the reward of those who participate in its successful accomplishment will be commensurate with the difficulty of the task.

My time, therefore, shall be given over to a consideration of what we can begin to do *now* in the month of February, 1940. Where can we take hold?

The problem presents itself in two situations which call for considerable difference in method. One is the comparatively small private school, which is a unit in itself. The other is the individual school, say in a large city system, which necessarily presents a more bureaucratic form of administration, where methods in the very nature of the case cannot be so immediate as in the private school. Because of the fact that a practical and adequate program of sex education can be worked out with comparative ease in the private school, I shall limit my discussion to the larger school system. Detailed programs and methods of the procedure of several private schools are available in the literature.

In the public school we have a situation somewhat similar to that of a woman who is doing over her house without moving out of it. She knows very well how she wants it to look. The task would be very simple if she could pack the family off for a few weeks, but this cannot be done. Meals must be served as usual, baths taken and it becomes a matter of ingenuity on her part to fit in the changes and gradually achieve a modernized home. In our school system teaching must go on as usual while we make use of every possible opportunity to work in some attempt here and there towards a sex education program until the curriculum, like the house, has finally assumed a completely modernized aspect.

If we were able to start from scratch the set-up might be something as follows:

Each Teacher's College and the Department of Education of every college and university would have a course in *Principles and Methods of Social Hygiene Education* which would include the sex aspects of child psychology, the content and methods for sex education, sex hygiene, the epidemiology of venereal diseases and its effects upon the family and the state, and all the aspects of social hygiene which bear upon the integrity and well being of family life.

Some of you may say, "Why have a special course? Should not this information be available to the future teachers in courses which already appear in the college curriculum—psychology, health education, sociology, et cetera?" I would not be one to quibble with you about terms if the content were assured, but it seems to me that there is a decided advantage in assembling all the excellent material which has been gained in these various courses with a unified emphasis and perspective, and definite consideration of sex in human life with all its ramifications. The subject is so vital that it is worthy of a special name—Social Hygiene. My experience with many groups of nurses has been that they sense the need of such a unification and interpretation of what they have learned in various departments of their training, and I feel very strongly that the same can be said in regard to the needs of teachers.

Before each school year a committee made up of members who had had general training in social hygiene could go over the whole

curriculum with a view to determining just what material in the way of information, interpretation and inspiration should be considered as the goal for each grade and in what courses it should be given. With this as an outline, the individuality and art of the teacher would provide the method.

Lack of time precludes my considering the nursery school, the grade school, the high school and the college separately. If we will keep in mind the fact that education must be a progressive process, suited to the physical, mental and emotional needs of the individual viewed as a developing organism, the education should go on as a continuous process as far as the pupil is concerned. In fact, as our experience in this type of education accumulates for us valuable data, we shall probably find that we shall be able to plot a curve showing the developing needs of the child in sex education, which will be as accurate as the curve showing his anticipated weight development.

The names of courses differ in various schools, but those richest in opportunity for absorbing different aspects of sex education are *General Science, Physiology and Hygiene, Physical Education, Home Economics, Social Studies, English* and of course in the college, *Psychology*. *Physiology* is not really taught if sex and reproduction are excluded and since the health of the organism as a whole is the aim of all health education, a course in *Hygiene* must be permeated with personal and social aspects of sex. Even the nature study work in the lower grades gives opportunity to familiarize the child with the terms, seed, pollen, egg, ovum and sperm. The children themselves will be able to make some interesting contributions in regard to their pets, and the keeping of a few pets such as white mice or silk worms has long been a favorite method of indirect instruction by clever teachers.

In preparing this material to present to you I have gone over many courses which are in use, and I find that a typical course in physiology carries a discussion of infantile behavior, the conditioning of interests and attitudes with maturing, new interests and sensitivities at puberty and the action of ductless glands and hormones. It considers venereal diseases with the other communicable diseases and emphasizes the sacrifice of child life, and the economic and family tragedies due to syphilis. A complete course in physiology and hygiene must include the anatomy and physiology of reproduction and a knowledge of the interaction between organic processes and emotions.

In my opinion, however, it is preferable to teach the anatomy, physiology and hygiene of human reproduction and sex hygiene in *Physical Education*, even though it may logically belong in *Physiology and Hygiene*. The boys and girls are segregated in their Physical Education classes and an ideal setting is thus naturally presented to teach these subjects thoroughly without embarrassment on the part of the teacher or students. The physical education department is also full of opportunities for helping the boy and girl, particularly at the adolescent period, in giving direction and outlet to the many new needs and urges which are stirring within them. The games

and dances which are usually under the direction of this department give them an opportunity to satisfy their needs of self assertion, competition, rivalry, and above all association with the opposite sex.

There must be absolute candor in dealing with all the aspects of hygiene which pertain to sex. Instruction has been incomplete if there remains in the mind of some pupil doubt as to the meaning of menstruation, and its ultimate significance, or of seminal emissions, and self control. There is some difference of opinion as to the best way of giving this information. Some prefer to give it to small groups or by individual conferences. I am in favor of giving it to the whole regular class and thus making the lesson entirely impersonal. There is danger in a small group, I believe, in having some student think the teacher is referring to him or her specifically. Then too, I like to get away from the idea of sex problems being "personal problems" only—that is one of the blinds behind which we are still inclined to hide in our sex instruction. I prefer talking to the class as a whole to emphasize the universality of sex in life, and to give the pupil the reassurance and comfort which comes from a realization that problems which he may have come to consider as peculiarly his own, are those of all of his friends and that he is not going his way alone. To supplement this general instruction, of course, there must be ample opportunity and encouragement for personal counseling on matters which may not be quite clear from the general discussion to some individual pupil, or which circumstances make what he thinks is a problem peculiar to him alone. The duty of giving this personal counseling may fall upon the teacher in any department who is particularly fitted to give it but as a matter of fact it is usually delegated to some member of the physical education department or to the deans. It is probably because of the strategic position of deans of women in this respect, that this subject was chosen for consideration at your convention.

Just a word about some of the other subjects which I have mentioned as capable of assimilating sex education material. *Home Economics* has ample opportunity to stress the importance of the family, the importance of marriage and parenthood, and the fact that their success has in the past been left so much to chance, without personal discussion of the elements which make for failure or success. The social studies open the way for a re-examination of the family as a unit in our civilization. The economic causes of deferred marriage and their results; women working after marriage; possible insurance for marriage; the experience of the race which has led to our acceptance of monogamy; the ruinous business of prostitution and the experiments with the family that are being tried in other countries. If we set up standards of conduct for youth, we must give them a chance to challenge and discuss, and the best place it seems to me for such discussion is in the social studies. It has the advantage of showing the pupil that sex problems are by no means matters of physiology and biology alone. The most hopeful element in our human life is the constant rebirth of altruism and idealism which shows itself in each year's crop of adolescents, who will face these problems with courage and honesty if we only provide them with the forum.

As for English, that is the department in which art picks up the individual stories of human relationship, all the emotional forces which result in love, marriage, frustration, a social conduct, all of which would not exist without the motivating force of sex. And art, through these particular instances, if it is real art, arrives at universal concepts of human strivings and goals and values.

But the very thought of being involved in a sex education program strikes terror to the hearts of many, "Am I going to have to teach sex? I cannot do it, there is nothing for me to do but resign." This was said, not with so much feeling perhaps, but with a great deal of foreboding, when art and music stepped into the curriculum. Yet many a teacher who is a monotone or color blind has made a success of her classes. Which brings me to the next step in our plan for sex education. There should be a supervisor of social hygiene education—not sex education only but the broader inclusive term. (The term *Social Hygiene in Schools* has been the term used in the White House Conference Reports on Education. In a recently published pamphlet entitled *Sex Education—A Guide for Teachers and Parents* by Wood, Lerrigo and Rice,\* the statement is made, "Sex Education should be a central part of the broader program called Social Hygiene.") Just where in the Department of Instruction this supervisor would be placed would have to be determined by the exigencies of the individual school system. No doubt many will consider that the social hygiene supervisor should be a member of the health staff of the school. But we have found sex education normally belonging in so many other parts of the curriculum, that it would be better, if possible, to have the supervisor responsible directly to the Superintendent of Instruction, as is say the Kindergarten Supervisor, and in constant touch with the Health Department, the school psychologist, the principals, the physical education department and the deans.

The whole system would thus be permeated with the material of sex education, yet with no publicity, no mention of a course as such. There would be nothing to make the pupils realize that they were having the benefit of something in their school instruction which their parents did not have, but those who were guiding the development of the curriculum would realize acutely that a great need was being met.

That, then, would be the ideal set-up—educators trained in all principles of social hygiene, incorporating these principles into a curriculum to be carried out by teachers fully aware of their responsibility and trained to meet them through the aid of special teacher training courses. And all of this would be unified under a supervisor accountable to the Superintendent of Schools.

But while we are working on such a plan, students are passing out of the school system. It is generally recognized that the needs in sex education can be met on a large scale only by the school and that when boys and girls leave the seventh and eighth grades, as many of them do, they have left behind them their last chance for a scientific and constructive approach to these problems. We cannot

\* Thomas Nelson & Sons. 25 cents.

wait, therefore, until the setting is as we want it, but must take hold where we can. Here I should like to say most emphatically that this taking hold should not consist in having someone come and talk to the boys and girls separately, especially if this follows some happening on the playground or in connection with the behavior of some of the pupils which may have struck the staff or the student body like a thunderbolt. That is a crass form of opportunism. The hope lies in what individual teachers and counsellors alert to the vital importance of the subject are doing quietly and effectively on their own. The ingenuity and tact being used by many with whom I have talked, gives me more confidence than any other one thing that sex education will go forward with great strides as soon as the stamp of approval is given to it by Departments of Instruction. I should like to quote from J. W. Studebaker, Commissioner of Education, in this connection:

"Sex is bound up with emotion and, when rightly directed, with the finest emotion. Assuming this view of the matter, the inhibitory effects of old taboos, which have hitherto troubled educators, are likely to fade into the murky mist from which they arose and the instruction and direction of youth will become both a matter of course and of first importance."<sup>1</sup>

What are we to do when we cannot suddenly bring about the desired additions and changes? For one thing, it would be of great value to choose a certain school whose principal is especially interested, as a demonstration. A series of teachers' meetings could be used as a training class for which the nearest social hygiene society or perhaps someone from the American Social Hygiene Association would be glad to furnish assistance. The parent-teacher association and the Patrons' Alliance could be counted upon for full support and cooperation. I can vouch for their sincere interest. When it would have been demonstrated that there were no fatalities or dire results, other schools could be chosen until finally this type of education had reached out and drawn in all the schools. An immediate step to be taken would be the inclusion of the course in *Principles* in the Teachers Colleges and in their extension courses. In small cities and towns where there are no such institutions, the course could be given in a series of teachers' meetings, either compulsory or optional, as the individual situation would have to determine.

The American Social Hygiene Association's 3-reel film, *The Gift of Life*,<sup>2</sup> which deals with the processes of reproduction through all forms of life could be shown, one reel at a time, to nature study and general science classes, and the last reel, on human reproduction to the segregated *physical education classes*. The talking slide film, *For All Our Sakes*,<sup>2</sup> an excellent portrayal of the burden

<sup>1</sup> High Schools and Sex Education—United States Public Health Service—Bulletin No. 75, 1940. Page IV. B. C. Gruenberg, Superintendent of Documents, Washington, D. C. 20 cents.

<sup>2</sup> For further information concerning these and other films address the Association at 1790 Broadway, New York.

to the community of venereal diseases, could be shown to senior and junior high school students, either in assembly, or separately, again, in the classes. I think it is a good plan to show this picture following a tuberculosis film so that the venereal diseases are not set off by themselves but are associated with other diseases which the pupil has come to look upon as menaces to personal and community health and well-being.

Let me say for your encouragement that you will not be embarking upon an uncharted course. In September 1939 a joint council of the American Social Hygiene Association and the United States Public Health Service was called to discuss and prepare pamphlets on sex education. In February the National Education Committee of the American Social Hygiene Association met in Chicago to discuss *The School's Responsibility in Social Hygiene Education* and helpful literature will grow out of that. And there has just been issued by the United States Public Health Service the best compendium for educators which has yet appeared, *High Schools and Sex Education*. (See above.)

In closing I should like to emphasize that while literature and outlines are important, the *sine qua non* of sex education is the attitude of the individual teacher—the beginning and end of success. Sex education is not a formula for making Johnny and Mary behave or to make of them impossible little prigs. It is not designed in any sense to lessen the sex instinct. It is not for the flagrant case of misbehavior—the type of thing which makes the teaching staff go into a huddle and decide that “something must be done.” There are always those who because of innate weakness or inadequate environmental influences or overwhelming temptation are unable to adapt themselves to the restraints and codes of our modern society. Sex education is not primarily for these. It is for the ordinary normal child—a positive means of help and inspiration. We who are concerned with it must keep constantly in mind that discipline and restraint are not ends, but instruments. The object of sex education is not to change human nature, but by enlightenment and education, to avoid crippling and maiming human nature. Human nature at its best is a very wonderful thing. Sex education should be only one of the many aids in giving to the child a freer, fuller, happier expression of life.

And however carefully we build up our practical educational structure we must remember that unless it is grounded upon a sound philosophy, it will fall in upon us. This philosophy postulates that the unification of the many interests and functions of the pupil is the major end in education. The strength of the sex instinct makes it imperative that it be given its place among man's other interests—neither under-estimated nor over-estimated, but integrated with them in such a way as to bring about the closest harmony possible between the child's instincts and his environment. Ignorance results in defeat and frustration. The application of this philosophy bids fair to become the most fruitful and absorbing interest of the profession of education in the immediate future.



## THE SCHOOL'S RESPONSIBILITY IN SOCIAL HYGIENE EDUCATION

### *Preliminary Report of a New York Statewide Study Committee \**

#### *What is sex education?*

The first concern of the committee was to agree upon an interpretation of the term sex education. Originally sex education meant only instruction in the physiology and hygiene of sex and reproduction. It referred to sex in the limited sense of the word; it thought of education as subject matter set-out-to-be-learned. But as conceptions of sex and of education have widened, so has the meaning of sex education. Accurate information is essential, of course, but beyond that is the wider purpose of affecting attitudes and conduct related to the desirable adjustment of the two sexes. The emotional and social factors involved are of equal if not of greater importance than the child's acquisition of information on the physiology of sex and reproduction. So conceived, sex education is an inseparable part of the education of the total personality of the child. It means guiding the individual in developing the attitudes, habits, and ideals which will enable him to realize the finest all-around living possible.

Such an interpretation of sex education is very broad; this is as members of the committee would have it.

#### *What, then, is the goal of sex education?*

With such an interpretation of the meaning of sex education, it is obvious that the goal will not be stated merely in terms of acquiring

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\* The Committee on the School's Responsibility in Social Hygiene Education was one of seven statewide committees appointed a year ago by the President of the New York State Health and Physical Education Association. The committee included the following persons: Dr. Daniel J. Kelly, Superintendent of Schools, Binghamton, Chairman; Daniel M. Alperin, Straubermuller Textile High School, 351 West 18th St., New York City; Mrs. Carl Bristor, Auburn; (representing New York State Congress of Parents and Teachers); Mary E. Bowen, Supervisor of Health Teaching, Syracuse; John E. Burke, M.D., Assistant Superintendent of Schools in charge of Health and Physical Education, Schenectady; Frank C. Densberger, Superintendent of Schools, Kenmore; Dr. William L. Hughes, Teachers College, Columbia University, New York City; Claude L. Kulp, Superintendent of Schools, Ithaca; Dr. Helen Menzer, Associate Professor of Education, School of Education, New York University, New York City; Dr. Helen Moreland, Dean of Women, New York State College for Teachers, Albany; Ella T. Robeson, M.D., School Medical Supervisor, Solvay; Dr. John H. Shaw, Department of Athletics and Physical Education, Syracuse University, Syracuse; Dr. Alva T. Stanforth, Supervising Principal, Sewanhaka High School, Floral Park; Edward J. Storey, Director of Health and Physical Education, Mamaroneck; Frances Van Arsdale, Director of Health Education, Binghamton; Louis A. Van Kleeck, M.D., School Physician, Manhasset. This report was presented at the Annual Meeting of the New York State Health and Physical Education Association, in Syracuse, December 27, 1939. It also appeared in the New York State Journal of Health, Physical Education and Recreation, February, 1940.

information but rather in terms of life itself, of which sex is an integral part. The committee believes that sex education is concerned with helping in the solution of problems of friendship, courtship, marriage and family life. The scientific facts become a means to an end, not an end in themselves. Wholesome, full, satisfying relationships of boys and girls and of men and women are the goal of sex education.

*Who is responsible for the sex education of children?*

Much has been said and written concerning the relative responsibility of home, church, school and other community agencies in the field of sex education. The committee believes that they are jointly responsible—that they should cooperate in this important undertaking. There are several considerations which support this view.

In the first place, it is actually impossible for any one of these to delegate entire responsibility in this matter. This is generally regarded as true of the home, where it is natural that the child will ask his first questions and receive his first impressions of family life. It is also true of the school, for even in the most traditional school program, not a day goes by without affecting the adjustment of boys and girls, desirably or undesirably. Indeed the effect may be quite as great when teachers emphasize sex through persistently ignoring it, as sometimes happens.

Cooperation of all agencies will prevent the school's moving ahead without the understanding and support of all concerned. There will then be no possibility of the parents resenting the school's action, on the one hand, or on the other, feeling that the home's responsibility ceases because the school's has begun. As a matter of fact, in most communities where sex education has been attempted, parents have generally expressed hearty approval of the undertaking. There is perhaps a greater danger that they will wish to shift the full responsibility to the school or other agency. Since the whole purpose is not to reduce the responsibility of the home but to increase the opportunity for the development of the child, cooperation of all agencies is essential.

A third consideration in support of such cooperation is the disintegrating effect on the child when parents, teachers, and other adults set conflicting standards.

No responsible person appears to question the importance of sex education. What parents and teachers do question is their ability to handle the problem. This doubt is justified, but it relieves neither home nor school of responsibility. Rather it offers a challenge to find what qualifications are necessary and how they may be obtained.

*What qualifications are essential in parents and teachers?*

The committee is of the unanimous opinion that the basic qualifications for success in sex education relate to the personality of parents and teachers. The attitudes and practices of young people

will be more influenced by the behavior of "the teacher," at home or in school, than by any facts he may present. What personality characteristics are essential?

Emotional maturity or a balanced attitude toward life is of first importance. Parents and teachers need to clarify their own view of life as a whole, their concepts of marriage and family life, and understand their own needs and drives. Only then can they hope to guide children in the development of serene and reasonable attitudes. The teacher must himself be well adjusted if he is to help others in making social adjustments.

It is also essential that the teacher be a person of high character. Sex education is bound up with character education. It is concerned with the formation of attitudes and ideals which will affect conduct. Boys and girls must be able to respect the attitudes, ideals and conduct of the teacher if he is to influence them.

The teacher needs also a sympathetic understanding of boys and girls. He should have a general acquaintance with their developmental characteristics at different levels of maturity. He should be able to establish a rapport with individuals and with groups. He should be able to show sympathetic insight in discussing their problems and difficulties, without either condoning mistakes or expressing surprise or censure.

The importance of these personality characteristics in no way minimizes the need for a sound educational background for teachers. This should include a knowledge of the need for and significance of sex education; the place of sex education in the curriculum; the relation of sex to personality; the sociological aspects of sex; the physiology and hygiene of sex and reproduction; suitable methods in sex education for both elementary and secondary schools. Acquiring such a foundation of information, with the accompanying vocabulary, will doubtless go far toward giving many teachers the feeling of poise and security which they now lack in this area of the curriculum.

#### *What are desirable methods of approach?*

Underlying our consideration of methods of approach to this phase of education is the fundamental conviction that sex education cannot be taught merely as a separate course or by one or more lectures, whether such lectures are given by school personnel or by outside speakers. As defined by this committee, it is an integral part of the entire educational program of the child. It implies guidance by home and school personnel of the entire pre-school and school life of the child.

The committee suggests that procedures in organizing a program of sex education will need to vary in different situations. However, a first step will doubtless usually be a *survey of existing conditions*, in order to determine the following:

1. The attitudes of the home.
2. The contribution of the church.
3. The contributions which the school is already making to sex education:
  - a. In the general school life.
  - b. In courses of study.
4. The attitude of the community, and its facilities for recreational and other social activities.

There will be few, if any, communities which will not need also to include, as a preliminary procedure, *a program of education* for both parents and teachers. Adequate training is as essential or indeed more necessary in sex education than in any other phase of the curriculum. The committee deplors the tendency of teachers and administrators, apparent in some quarters, to rush into action in this difficult field without careful preparation. We may look to the teacher educating institutions for help in this regard as far as the new teacher is concerned. For the many parents and teachers in service who feel the need for more adequate preparation, the following methods are suggested:

1. Carefully planned teacher and parent study groups.
2. Conferences of the staff of a given school for group study and discussion.
3. Individual reading and study, using carefully selected references.
4. Professional courses, in summer schools and in extension centers.

#### SUMMARY

The work of this group has only begun. Members of the committee feel the need for additional and more intensive study on such problems as scientific information needed at different levels of maturity and appropriate methods and materials. In this study, the active cooperation of every school person in the state will be needed. It is especially essential that school administrators give whole-hearted support and guidance to teachers who are already willing and able to do this teaching, as well as to those who are not yet ready to undertake specific work in this phase of health education.

In conclusion, members of the committee wish to emphasize their belief that the most basic principles underlying sex education relate to the development and administration of an every-day program in which boys and girls, and teachers and parents, live together happily and work and play with satisfaction, and a reasonable degree of success.

#### SURVEY OF THE OPPORTUNITIES AFFORDED BY SCHOOL LIFE TO BOYS AND GIRLS TO LIVE TOGETHER IN A WHOLESOME MANNER \*

This inquiry form has been made at the request of the health teaching supervisors of New York State to help local schools study the

\* At a meeting of School Physicians and School Nurse Teachers at Saratoga Springs, June 24, 1940, Chairman Kelly reviewed the preliminary report and presented a working basis and outline for experimental use in the public schools. This outline was prepared by a special committee of the Supervisors of Health Teaching in the New York state schools, as follows: Doris Coleman, Maud Luscomb, and Mary B. Rappaport, Chairman. The introductory paragraph is as given by Superintendent Kelly at that time.

opportunities afforded by school life to boys and girls to live together in a wholesome manner. Undoubtedly each teacher will find many other opportunities that are not mentioned here. In making this list the committee realizes that many of the topics overlap. This is natural since all school activities should blend. The divisions are merely suggestive.

It is essential that each teacher should keep constantly in mind that the social attitudes of boys and girls begin in the home. The relations of the parents toward each other and toward each individual in the family, a happy atmosphere, love and affection, mutual understanding, sufficient rest, food, exercise, and play at home—all these will have tremendous influence on the way boys and girls live together in school.

*What does the school offer? Does it provide the following?*

### *I. Facilities for*

- A. The boys and girls to use common entrances and exits?
- B. Discrimination in seating
  1. In classroom?
  2. In library?
  3. In cafeteria?
  4. In auditorium?
- C. Boys and girls to intermingle in their free play before and after school, on the playground, or in the gymnasium?
- D. Boys and girls to use common cloak rooms or halls for their wraps?
  1. Do the boys and girls get their wraps at the same time?
  2. Do they help each other in putting on their wraps?
- E. Boys and girls to think of the comfort of others in regard to temperature, ventilation and lighting?
- F. Boys and girls to participate in good housekeeping
  1. In classrooms?
  2. In lunchrooms?
  3. In toilet rooms?
  4. On school grounds?
- G. Boys and girls to develop desirable social attitudes during the school lunch?
- H. A friendly relationship to be established
  1. Between teacher and pupil?
  2. Between pupil and pupil?

### *II. Opportunities for the development of desirable attitudes for wholesome living together in such subjects as:*

#### *A. Physical Education*

1. Do boys and girls in the primary grades participate in activities such as:
  - a. Games?
  - b. Rhythmic exercises?
  - c. Dances?
2. Do the older boys and girls play recreational games together?
3. Are some activities taught which so interest the individual that he enjoys them during his leisure time?

4. Do the sports chosen by the pupils have carry-over value in adult life?

## B. Hygiene

1. Are units used which emphasize:
  - a. Physical fitness?
  - b. Personal appearance?
  - c. Making own personalities more attractive?
  - d. Finding out about personalities of others?
  - e. Social usage?

## C. Home Economics

1. Are units used which develop an understanding of how to have a happy, well-regulated home?

## D. Social Studies

1. Is background in information and understanding given for the development of a desirable social point of view?
2. Are attitudes developed which will lead to socially acceptable conduct?

## E. Creative Arts

1. Music and dramatic arts
  - a. Are there opportunities for boys and girls to affiliate with:
    - (1) An orchestra?
    - (2) A band?
    - (3) A chorus of mixed voices?
    - (4) A dramatic group?
2. Painting, drawing, modeling
  - a. Are there opportunities for boys and girls who have special interests in these activities to express themselves through these media?
3. Industrial arts
  - a. Are these opportunities to use materials for practical purposes
4. Hobbies
  - a. Are boys and girls encouraged to enjoy special interests for their own satisfaction?

## F. English

1. Is discussion of topics involving social relationships encouraged?
2. Are pupils helped to discriminate in their choice of recreational reading?
3. Is literature wisely selected for its indirect value in developing high ideals?

## G. General Science

1. Nature study
  - a. Is simple foundation material in regard to the life histories of plants and animals stressed?
  - b. Is there a growing understanding that reproduction is a universal process?
  - c. Are the experiences of children in the care and rearing of animal pets at school or at home used constructively?
2. Biology
  - a. Are biological facts learned in their natural context?

- b. Are scientific terms learned that facilitate discussion of growth and the reproductive process?
- c. Is there a growing understanding of the nature of reproduction?
- d. In studying communicable diseases, are gonorrhea and syphilis considered
  - (1) As a communicable disease?
  - (2) In response to questions asked by pupils?

### III. *Group activities for boys and girls to work together cooperatively, such as:*

- A. School clubs
  - 1. Do both boys and girls belong to the same clubs?
  - 2. Are the club leaders chosen from the girls as well as the boys?
  - 3. Do they share their special interests with the rest of the school?
- B. Trips
  - 1. Do both boys and girls help plan for the trip?
  - 2. Is the trip conducted informally with boys and girls intermingling?
  - 3. Do they have an opportunity for questions during the trip and for pooling their experiences afterward?
- C. School newspaper or yearbook
  - 1. Do the boys and girls work together in this activity and also seek community cooperation?
- D. Special programs
  - 1. Parties, picnics, and dances
    - a. Are both boys and girls given an opportunity to plan the refreshments and the entertainment?
    - b. Do they learn and practice social courtesies?
      - (1) Do the pupils realize that the success of a party depends greatly upon the hosts and hostesses?
      - (2) Do they realize their responsibilities as guests?
    - c. Are these activities carefully supervised?

### IV. *Medical Service*

- A. Do the boys and girls consider the medical service personnel as their friends?
- B. Are the pupils examined singly?
- C. Are the parents present at the medical examination, particularly of younger children?
- D. Are the older children advised regarding their physical condition and how they can correct defects if they exist?

### V. *Parent and Community Education*

- A. Are parents helped in guiding and instructing their children in regard to building wholesome attitudes in social relationships of boys and girls
  - 1. Through group conferences with a competent leader?
  - 2. Through lectures?

3. Through printed material?
4. Through the Child Guidance Clinic in particular cases?
- B. Are such community organizations as the Council of Social Agencies and the Council of Parents and Teachers kept informed in regard to the school's objectives in social relationships of boys and girls?
- C. Does the community provide recreational facilities adequate for children's needs?

#### VI. *Counseling*

- A. To whom do the boys and girls go for advice?
  1. Teacher?
  2. Principal?
  3. Doctor?
  4. Nurse?
  5. Special guidance counselor?
- B. Do all concerned with the guidance of individuals carefully study the following problems because of their importance in the individual's desirable adjustment in his group?
  1. Behavior tendencies
    - a. Shyness
    - b. Moodiness
    - c. Temper tantrums
    - d. Pugnaciousness
    - e. Clamoring for attention
    - f. Knowing when to talk and when to listen
  2. Evidences of strain, such as
    - a. Shyness
    - b. Over self-consciousness
    - c. Moodiness
    - d. Giggling
    - e. Boisterousness
    - f. Speech defects
    - g. Picking the nose
    - h. Nail-biting
    - i. Fear
    - j. Worry
    - k. Enuresis
- C. Are boys and girls helped to develop essential qualities that help us to get along with people, such as
  1. Courage?
  2. Accepting reasonable criticism and correction?
  3. Leadership?
  4. Fellowship?
  5. Feeling the joy of success or accomplishment?
  6. Showing consideration for the feelings and rights of other children and of grown-ups?
  7. Having opportunities to share possessions?
  8. Having the opportunity at school to be host or hostess for their group?
  9. Having responsibility in accordance with age level?
  10. Having opportunities to weigh values in making decisions?



## BUILDING A PROGRAM OF SEX EDUCATION FOR THE SECONDARY SCHOOL

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One of the questions frequently raised by educators and parents is whether, if sex education has been neglected until the age of adolescence, the high school can satisfactorily meet the problem. This question implies a belief that all needs for sexual instruction are, or can be, met at adolescence or before. An inadequate concept of sexual life and sex education is also indicated. Failure to receive accurate and adequate instruction before the high school age does complicate the problem. But failure of the home or lower school to provide sex instruction does not relieve the high school of its responsibility. Rather it increases such a responsibility. Moreover, experience shows that a program of sex education for individuals who have reached adolescence with inadequate information can be of much value. The difficulty lies in the complexities of the teaching situation.

Sex education properly conceived and properly given continues almost as long as life itself. The needs of individuals change as they grow older, but an interest in sex and an awareness of the sex urge are likely to endure throughout life. Ideally sex instruction should begin early. Sexual facts about which children may inquire should be explained clearly and fully enough to satisfy their immediate desires. Sex should not be made a mystery, an unwholesome thing; nor yet exalted in importance above all other phases of living. Small children are likely to raise questions concerning some of the elemental facts relating to reproduction and the birth of babies, or about physiological differences between the sexes. Such information should be given them, but other points beyond their comprehension or interest should not be pressed. Obviously this is not the time to give the child intimate facts relating to marriage relationships.

Children approaching puberty need a more complete and detailed discussion of the physiological facts of sex maturity. They should understand clearly what physical changes they are about to experience, the significance these changes will bear for them and the kind of adjustment which should be made to the sex drive. Adolescent

children will need further help and guidance in making satisfactory personal adjustments to the sex drive and in developing and practicing desirable forms of conduct in associations between the sexes. In the late adolescent period many boys and girls are vitally concerned with the more intimate aspects of boy-girl relationships, particularly those relating to the problems and issues involved in deciding for or against pre-marital sexual relationships.

The young man or woman thinking about or facing marriage has a different set of questions. They center about such topics as the selection of a mate, the factors which make for a successful marriage, and the kind of marriage adjustments one must expect to make. After marriage still other problems arise, and if opportunity for formal instruction has ceased the need for considering desirable sexual adjustments has not. If children are born, this event raises further issues for the parents, both with respect to their own relationships and the question of providing proper conditions for the development of their children. Still other adjustive needs arise for the man or woman of late middle age.

Sex instruction—or at least sex learning—then, becomes a lifelong, continuous process. If it is properly carried out it is even more continuous and less momentarily eventful than the above account would lead one to believe. For if children are properly introduced to and instructed concerning sexual manifestations, there is abundant evidence that they probably will never come to consider sex as a disgusting, shocking or mysterious phase of living. Their questions will come naturally when the need and desire for information arises. Unwholesome attitudes, misconceptions, and the acceptance of incorrect information are thus more likely avoided. Further, if the child's parent or counselor foresees a need which the child does not, the way is open to approach the child naturally and freely.

But if instruction has not been given this way—and in the vast majority of cases it has not—the high school has an even greater obligation for providing sex instruction. The task in this case becomes even more difficult.

Let us assume that the school authorities desire a program for pupils who have had little or no formal and wholesome sex instruction. Should the classes in which instruction is given be composed of both boys and girls, or should the sexes be separated? What should be the general nature of the instruction? What are some of the problems involved?

The question of separating or bringing boys and girls together for sex instruction cannot be answered categorically. The basic principle is to keep the situation natural and if both sexes have been grouped together in other classes then it would seem inadvisable to separate them for sex instruction. The writer's preference is for mixed groups during the consideration of topics about which it would be to the advantage of one sex to know the attitude and

problems of the other. This would include such topics as the proper attitudes to hold toward sex, what constitutes desirable boy-girl relationships, or a consideration of factors which prove sexually stimulating to members of either sex. The sexes would be separated for a discussion of items which are of a particular importance only to persons of the same sex. This would provide a woman instructor an opportunity to discuss with the girls such intimate problems as the personal hygiene of menstruation, or feminine wearing apparel. A male instructor could discuss with the boys their intimate problems of masturbation and seminal emissions, or the personal hygiene and cleanliness of the sex organs. Physical education classes often permit this approach because segregation in these classes is accepted by the pupils as natural and normal. If such a division of sexes does not already exist it should not be made until it appears to the students a natural and proper thing to do. Divisions made at the beginning of sex instruction, and obviously for that purpose, create the impression that no phase of sex can be discussed openly and freely in mixed groups.

Instruction in other courses in school should reinforce the work of the one which gives most attention to sex education. This can be done by treating sex as a natural and normal phenomenon whenever there is an occasion to do so. For example, references to sexual conduct as it affected the careers of characters in literature and history should be made in the same manner as are references to any other form of human behavior. Venereal diseases should be discussed in the same way as are smallpox or typhoid fever in a unit on communicable diseases in a public health course. Instructors should not go out of their way to make references to sex, nor should they avoid such reference when desirable. One of the results of such allusions to sex will be to accustom the pupils both to hearing and speaking of it on occasions when there is cause for such reference. Whenever possible the whole approach to the matter of sex should be the result of a carefully prepared plan developed and approved by the school faculty and dignified by administrative support.

Definite provision should be made in the curriculum for direct instruction concerning sex. The courses may bear the titles of personal hygiene, biology, hygiene, physical education, *et al*, but instruction concerning sex is so important that it should not be left to chance. The following four units contain the minimum essentials of sex education for high school students.

*In the first unit the primary concern should be to develop attitudes and concepts toward sex which permit an objective and straightforward treatment.* Boys and girls should be helped to realize that so long as responses to sexual references are smirks, knowing smiles, side-long glances, or flushed embarrassment they are not in a psychological state of mind to receive full and adequate instruction concerning sex. Only as their attitudes mature and are objectified can the instructor give them the maximum amount of assistance and the information important to their adjustment. Three common

attitudes or concepts which hamper adequate instruction and which, if they are present, will need to be altered are:

1. Sex is something shocking, disgusting or ugly. The less said about it the better. Sex should not be mentioned unless absolutely necessary. A few elementary concepts briefly and hastily given, are deemed sufficient and the subject thereafter is forever closed.
2. Sex is something to be indulged in for personal pleasure and sensual satisfactions.
3. All sexual restraints and conventions are prudish and outmoded, and should be openly flouted and destroyed. This attitude, of course, is quite the reverse of the first.

Desirable, wholesome and sound attitudes toward sex must be substituted for those mentioned above. The following four have been found very helpful in building better attitudes on the part of boys and girls.

1. Sexual manifestations are natural and normal physical and psychological phenomena. Everyone must react in some way to sex and one is normal if one experiences some urge toward sexual expression.
2. Sex may be discussed openly, objectively, and at length, and still wholesomely. An interest in questions relating to proper adjustments is to be regarded as an indication of a normal development, and an approach at least, toward good sexual adjustment. Complete and detailed discussions of sex adjustments are desirable since only in this way can adequate knowledge and information be gained.
3. Social conventions concerning sex, in many cases, exist for good reasons. It should be the purpose to examine these reasons, and when they are found to be well based, a proper respect for these conventions should be observed.
4. Lewdness and obscenity at all ages, and under all conditions should be disapproved.

All undesirable attitudes cannot be completely broken down and desirable ones substituted during this unit. The instructor should hope for a good start and plan to continue his efforts in later units.

*The second unit should deal with the biological aspects of sex.* While the pupils may already be somewhat familiar with this topic, an important objective is the development of a scientific vocabulary on the part of the student. The importance of such a vocabulary cannot be overestimated. The common, salacious words should never be used unless it is for purpose of substituting scientific terms. The use of "gutter" terminology will inevitably destroy every attempt to be scientific and objective.

*The third unit should deal with aspects of personal adjustment to the sex drive.* This unit would treat particularly the control and ordering of sexual urges, homosexuality, masturbation, heterosexual relations and other forms of sexual adjustment. The emphasis should be upon the problems and manifestations which the average boy and girl may be expected to face. The intent should be to give them such information and such concepts as will be necessary in the proper ordering of their own sex lives, to help them in appraising their own

adjustments, and in deciding upon the most satisfactory ones for themselves. Too often there is the tendency to dwell on the perversions, abnormalities and morbidities of sexual adjustment. When this occurs it is simply another way of fostering, and for the time being satisfying, a sexual maladjustment.

*The fourth and last unit should deal with the possible consequences, group and individual, psychological and sociological, immediate and long-time, of premarital sexual relations as a means of sexual adjustment.* Experience with sex education leads the writer to feel that discussions in this unit can be made applicable only to general situations and general conditions. The implication is not that the discussions are to be general and vague, but that problems of individuals cannot be satisfactorily treated in class discussion. This limitation grows out of attitudes toward open discussion of sex which have been held by most adolescents and their elders for many years. It is useless to inveigh against this limitation—a mode of thinking habituated by ten or twelve years practice can scarcely be overcome in an eighteen-hour series of lectures and discussions.

A complete program of sex instruction in high schools, then, must provide opportunity for the individual pupil to talk with the instructor. This is essential for two reasons. *First*, despite all the reassurances and assertions of the instructor that questions of sex behavior and adjustment can be discussed openly, objectively, and yet wholesomely, most youth will not find this possible until someone has provided a situation in which they can so discuss sex. These youth may be those who have had real experience in talking about sex in the contrary manner. The reason for individual conference work is merely an application of the educational principle that one learns what one does.

It may be added that if the young man or woman has heretofore found sex an embarrassing topic which he or she was unable to discuss objectively and wholesomely, one such conference will never produce the needed alteration. Negative attitudes built up by long experience can be broken down only gradually. Repeated personal conferences may be necessary before the pupil finds it possible to overcome his inhibitions and conflicts in regard to sex.

*A second reason* for individual conference work with pupils is that those having difficulties of sex adjustment seem to need direct reassurance that their situation is not unique or irremedial. For example, the young man of twenty who is in the habit of masturbating may hear a lecturer state definitely and conclusively that masturbation is very often practiced by young men of that age, and that insanity is not a result of the practice. Yet there is a definite relief which comes when he has had a chance personally to discuss his problem and receive the reassurance that the stated facts are applicable to his case also. For these reasons no program of sex education can be considered complete when it opens and closes with class instruction.

The necessity for individual conference work requires some very definite qualifications on the part of the counselor. He must have thought through all the personal and social aspects of sex. He himself must be free from conflicts, and have achieved an adjustment satisfactory to himself. Above all his sexual adjustments must be such that his counsel or conduct will alleviate rather than contribute to the perplexities of the counselee. Realizing that there are no set answers to the questions arising in this field, still he must have resolved most of his doubts about what is the best course of conduct to follow in such matters as homosexual adjustments, masturbatory practices, and premarital sexual relations. Of especial importance is the need for complete consideration of all factors entering into the determination of sex adjustments—the individual and the group, the psychological and the sociological, and the immediate and long-time effects. Less than this is not enough. Finally the counselor must be an objective person, easily approached and talked with.

Contrary to impressions often given in literature or speeches, the writer has found few individuals who accept a simple invitation to come if they wish, directly to a counselor, for further discussion. Too often those who do come are those who are already meeting the sex drive with little or no difficulty and are quite objective about the whole matter. The individual who really needs counsel is frequently the one who never shows up.

An observant person giving instruction in sex education often finds individuals in the class who, by their questions or reactions, indicate a need for further instruction and discussion. With some of these individuals at least, the following techniques may be successfully used: A casual discussion following the unit may provide a chance to ask the individual his reaction to the material given in the class. If the conversation indicates any particular interest or any definite question on the part of the pupil the discussion may be continued, then or later, to secure from him a statement of his own attitudes and adjustments.

A second device which is even more successful is to let those who wish to secure further information select reading material which the instructor has available. The instructor may direct the pupil's attention to some particular point and ask him to read it carefully so that he may give his reaction to it when the reading matter is returned. This may open a way for an objective discussion of sex, so that later the pupil may find it possible to state his own personal problems and questions.

Objections to this procedure may be raised on the ground that the pupil is forced into a discussion of a matter which he feels is private and should remain so. A disconcerting counselor can usually judge whether a counselee is embarrassed or experiencing emotional conflict which prevents an open discussion, or whether his reluctance grows from the feeling that he has no particular reason for talking this over with the counselor. In either case the counselor must exercise good judgment and sound common sense in his procedures. Certainly

no person should be forced to divulge or confess things about which he would prefer not to speak. To do so may serve only to increase the embarrassment and emotional conflict which the counselor is seeking to eliminate. A safe rule for the counselor might be to encourage a discussion or statement of personal problems or conduct only when he feels quite certain that such an expression will assist in the better adjustment of the pupil. In no case should he press the matter simply to satisfy his personal interest. If such is his motive he should not be counseling on matters of sex. It might be added that for an experienced and well-adjusted counselor, sexual case-histories soon afford many repetitious incidents and lose their gripping interest. He finds no more reason for remembering all of the details of a case, and for discussing it at every opportunity, than does the doctor or lawyer his cases.

Freedom and ease of discussion on the part of the counselee can best be secured if early in the conference the following concepts are discussed and made clear to him:

1. Sex is a universal drive to which everyone must adjust.
2. To experience difficult problems in the matter of sex-adjustment is no disgrace. The shame is rather in refusing to recognize the difficulty, or in failing to seek help in its solution.
3. A manifestation of interest in proper and adequate adjustments to sex is one evidence of good adjustment.
4. Even well-adjusted and highly respected youth, when discussing sex frankly, speak of the need to select proper methods of adjustment and secure accurate and sufficient information.

These points should be made clear by ample discussion and numerous concrete illustrations. The counselee should be particularly encouraged to participate in these discussions, for only by participating in discussion in this impersonal manner first will he be able later to discuss the more intimate and personally vital questions of sex adjustment freely.

Some may object to the practice of individual counseling and the procedures suggested, feeling rather that all questions should be dealt with directly and openly in classes. The realities faced in giving class instruction and in counseling in this field, however, force one to the above position. Dealing with sex, an area of human behavior the discussion of which has been so long taboo, in a class of both boys and girls, with inhibitions and repressions ingrained so deeply as to be a real part of them, makes it impossible to accomplish all the desired objectives in group instruction. Practical conditions force us to make some compromises with the ideal.

# HEALTH EDUCATION CONCERNING VENEREAL DISEASES

M. A. BIGELOW

*Educational Consultant, American Social Hygiene Association*

**EDITOR'S NOTE:** *The following statement summarizes the report of a study in relation to venereal disease control education, made jointly by the United States Public Health Service and the American Social Hygiene Association. It is planned, early in 1941, to devote a special number of the JOURNAL OF SOCIAL HYGIENE to this report, together with statements from high schools and colleges where venereal disease education have been successfully included among other communicable diseases in health courses.*

*Many educators who have been consulted during the preparation of the report have expressed emphatically the opinion that the points stated below regarding the relation of health education and the larger sex education will have far-reaching influence on future social hygiene educational activities. It is hoped that many members and other readers will express their opinions and suggestions for future action in letters to the National Education Committee of the American Social Hygiene Association, 1790 Broadway, New York City.*

The report which is summarized here was based on a reconnaissance of educational activities in this line in about thirty states in which active programs concerning venereal diseases have been reported by health departments and educational institutions. The study was made by the writer of this article under the general supervision of Dr. William F. Snow, who is in charge of such cooperative projects between the Service and the Association. The report gives considerable space to the educational activities of state and local health departments in public health education outside schools and to their cooperation in schools and colleges, both in general health education and especially with regard to venereal disease control. This brief digest must be limited to the place of venereal diseases in health education in schools and colleges. The statements which follow have been read and approved by more than two hundred leading health educators and by many school and college administrators who are actively sponsoring health education.

## *Venereal Diseases in Health Education*

There is complete agreement on the proposition that the venereal diseases should be an integral part of courses (especially hygiene, bacteriology, public health, human biology) which deal with other communicable diseases. This is the case in many senior high schools and in most of the colleges which are strong in health education. The tendency is towards supplementing the present college text-books



with pamphlets issued or approved by the United States Public Health Service and the American Social Hygiene Association. It is generally agreed among competent health educators that a well organized health course, or series of lectures, gives the best known background or setting for lessons on venereal diseases, presented as are tuberculosis or other familiar communicable diseases. Handled in this way the discussion of syphilis and gonorrhea causes no more emotional reaction among students than does that about tuberculosis and diphtheria.

The foregoing has stressed the importance of including the venereal diseases in regular courses. At present the majority of high schools and general colleges do not have health courses as a regular part of their curricula. It therefore seems to many leading health educators that it is desirable to plan for giving venereal disease information to students who do not get class instruction. This means special lectures, motion or other projected pictures, answers to written questions, posters, and literature conveniently displayed. There is some opposition to isolated lectures on venereal diseases but including them in a series of health lessons is highly approved. The majority opinion is in favor of making attendance voluntary at all special meetings that deal with venereal diseases.

#### *Who Shall Do the Teaching Concerning Venereal Diseases?*

Should high schools and colleges have visiting lecturers, usually from health departments or a local medical or health society? The overwhelming majority of answers received from professors of hygiene, from health officers who have given special attention to education, and from administrators of schools and colleges indicate that visiting special lecturers on venereal diseases may be useful in giving general information to students who at present cannot be reached in health classes under regular teachers. There has been no reliable report that a competent health teacher in a high school or college where there is administrative support has had any difficulty in preparing to add two more diseases to the list already included in established health courses. A number of state teachers' colleges are reported as planning such preparation of teachers in training. Students in high schools and regular colleges do not need the details of special medical lectures on venereal diseases; but they should get the general facts and the desirable attitude towards the great national problem of venereal disease control. These results are more likely to come from regular health teachers who may know little about symptoms and treatments but who know boys and girls and methods of teaching them.

#### *Venereal Diseases and the Larger Sex Education*

In the early sex hygiene before 1910, and as presented by many physicians and some others down to the present time, the venereal diseases have been the beginning, the center, the reason for and the goal of sex education. This has changed decidedly in recent years and today the most emphasis in sex education is on many topics concerning physical, mental and social health which do not

involve the venereal diseases. While this has been happening, the venereal diseases have been given their scientific place in studies of communicable diseases in health education. The result is that the venereal diseases are now getting great emphasis as health problems but they have little attention in many of the best programs for sex education in schools and colleges and extra-curricular instruction of young people. Only three in two hundred competent health educators who have been consulted have opposed this point of view and favored great emphasis on venereal diseases as one of the important points in sex education.

This change in point of view, which has led to a sharp line between venereal disease education and sex education, has been developing slowly for a number of years but has been brought to a sudden climax for two reasons. First, Dr. Parran's nation-wide campaign for control of venereal diseases demands more special education and public information than can be efficiently tied to sex education in schools and colleges. Second, the larger sex education, much of it without this name or the synonymous social hygiene education, has its greatest support from numerous educators and parents who are in favor of a broad program of human relations education which will give sex its logical place. Many of these persons see no basis for such a needed program in social hygiene, which to many intelligent citizens has become a "euphemism for control of venereal diseases" (quoted from a leading dictionary). For these two reasons venereal disease education and sex education should be separated, except for some cross references as in the "sex-character" aspect of sex education. Such a separation will be decidedly advantageous for venereal disease education. The writer has found many school administrators and prominent parents who have no objection to adding syphilis and gonorrhea to the established studies of "germ diseases," but these same persons point to the fact that training and selecting teachers for sex education is surely difficult and hence "we must go slowly."

This new sharp line between venereal disease education and sex education will require some revision of certain books written years ago from the old point of view. Some of the excellent text-books for college hygiene treat the venereal diseases primarily as a sex problem and not in the chapters on communicable diseases. A twenty-five year old book, *Sex Education*, by the writer of this report, placed "the social or venereal diseases" as one of eight "problems for sex education." Historically in the development of the American movement this was true, but educational experience and consideration of the interests and reactions of our young people have led numerous (probably the majority) educators and parents to reject the idea of an educational program which closely associates sex disease and normal sex life. This view is very emphatically stated in many letters received from prominent health educators and general educators.

The present "conclusion of the whole matter" is that so far as the education of the youth of America is concerned we see the general

outlines of our two big educational problems in the field connected with the work of the American Social Hygiene Association. *First*, make a strenuous drive for venereal disease education as an integral part of health education in high schools and general colleges. *Second*, work towards a broad program of education that concerns the normal relations of the two sexes. Such sex education may possibly be a central theme in "family life education," or in the still more inclusive "human relations education" which should be developed to cover as in real life the various relations of human personalities with and without the sex factor.

## SOCIAL HYGIENE EDUCATION IN HIGH SCHOOL BIOLOGY

The National Education Committee of the American Social Hygiene Association receives many requests for information as to what biology courses in high schools are contributing to social hygiene education. To supplement the outlines and reports already at hand the Committee during the past year has asked leading biology teachers to check and annotate the group of questions as shown below. Including topics that experts agree are most important as giving background for education in social hygiene and family life. The topics have been selected from high school outlines and some schools include most of them in their regular curricula.

It is expected that several hundred high schools in at least thirty states will eventually participate in this study and further inquiries concerning the social health content and relation of various courses including biology. Meantime JOURNAL readers are invited to bring the questionnaire to the attention of biology teachers of their acquaintance, and any who are themselves engaged in high school instruction in biology are cordially invited to send in the questions with such comment as will be helpful in completing the study.

In any publicity concerning this study, the Committee will not quote statements or use the names of individuals or schools unless special permission is given. It is well known that many schools are experimenting, and not ready for publishing reports.

### THE QUESTIONS

The topics are numbered for convenience, not to suggest relative importance or order of study. Please indicate by one check in the (     ) any topic to which you give limited attention and by two checks those which are stressed because considered very important. If you can give specific information concerning the teaching of any topic, please do so, using the number of the topic, and send outlines.

Name of School

City

Head of Biology

Biology is required ( ) Elective ( ) in the ( ) year of high school

Do you have a special unit under some such heading as *Reproduction, Perpetuation of Life, Continuity of Life?*

1. ( ) Fundamental life activities, including Reproduction.
2. ( ) Principles of heredity. Human application and eugenics.
3. ( ) Reproduction necessary in all species, because all individuals have limited duration of life.
4. ( ) All life from life. Old theories of spontaneous generation.
5. ( ) Two types of reproduction: (a) Asexual, without sex, one parent, no eggs or sperms, new individuals formed by division, budding, etc. (see 6) (b) Sexual, males and females, new individuals from eggs, usually fertilized by sperm cells, hence biparental. Examples of parthenogenesis in animals and plants.
6. ( ) Asexual reproduction. Division and budding of some simple animals and plants. Budding and division of some many-celled animals. Cases among garden plants; raspberry, blackberry, strawberry, potato, etc.
7. ( ) Chief facts re egg cells, sperm cells, fertilization, division of fertilized egg cell in animals and plants.
8. ( ) Prominent stages in development eggs of fish ( ), frog ( ), bird ( ), mammal ( ). External and internal fertilization. Oviparous and viviparous development. Protection of eggs and young. Mating instincts.
9. ( ) General outlines of development of human embryo. Structure of ovary, tubes and uterus as needed for the embryological facts.
10. ( ) Growth and functions in childhood, adolescence, adulthood. Puberty the beginning of adolescence. Influence of endocrine glands.
11. ( ) Topics of special interest to girls. More details of structure and function of female organs. Menstruation. Pregnancy.
12. ( ) Topics of special interest to boys. Structure, functions, hygiene of male organs.
13. ( ) Syphilis and gonococcal infections, in connection with communicable diseases.
14. ( ) Other topics.
15. ( ) What literature for required reading?  
What literature recommended for reference?

16. (     ) Are boys and girls in same classes or sections of biology?
17. (     ) If mixed classes are the rule, are there divisions for certain topics named above? If so, please indicate topics by numbers.

## TEACHING FAMILY LIFE THROUGH ARITHMETIC

EDITORS NOTE: This interesting statement was submitted as a term paper by MISS GRACE L. FISH, teacher and member of a recent class in Social Hygiene Education conducted by DR. MABEL LESHER at Paterson State Teachers College, New Jersey.

Strange as it may seem, the arithmetic class is one of my most fertile fields for teaching social hygiene, as a natural part of our discussion period on problems encountered in our daily lessons. The teaching units are all based on the *Home and Family*—problems that would be encountered in an average home—thus preparing these children to meet these problems in their own homes. This is very valuable at this stage of their development as some may never go any further in school, and those who do may not encounter such guidance again.

### *Home and Mathematics*

In the study of the home and math unit there is place for considerable discussion of the difference between our present homes and pioneer homes; the contrast of responsibilities formerly assumed by the parents and those now carried by them. Stress is given to the fact that the home is always a unit, regardless of the actual type of house or furnishing.

### *Earning a Living for the Family*

In this topic a great deal of time is spent on discussion of the father's responsibility in providing for his family;—why it is both a privilege and a duty. Here, too, is discussed the place the mother plays in contributing to the family income, despite the fact that she doesn't often go out of the home to work,—how through the carrying out of her duties she saves the expense of outside help and contributes things that in a sense cannot be thought of in terms of money. Here can be discussed some of the traits that make good mothers and fathers, the fact that the father's duties do not end with his earning the money, but that he too, must share in the responsibility of the home-training and happiness of the children.

### *Managing the Family's Money*

This topic gives wide opportunity for good social training toward parenthood. Budgets are studied in detail, model budgets, and some family budgets used by parents of the class. After a survey of these each child plans a budget for his own imaginary family as he or she would like to have it when able to have their own homes. In figuring their incomes, vocations, size of family, kind of partner they will

choose, type and location of their homes, many problems of social hygiene are brought in. The listing of qualities for a fine wife and mother, or husband and father, brings out many points and gives a chance for the teacher to do much guidance work. It inspires the children to live up to an ideal set by the opposite sex and helps them in deciding what are worthwhile traits. The budgeting itself and attendant arithmetic problems also give a chance to help plan wise spending and so making the ever present finance problem a little easier and better understood when marriage is undertaken. We study the various expenses of the home—the per cent that should be allowed for different items in the budget, the need of careful planning, an approximate idea of what a young couple would need, and the expenses that their own parents are under—which is often taken for granted and not appreciated. A much deeper appreciation of the home and the responsibility of the children's parents evolves from this study. The children too, feel that they have a responsibility and a part to play in helping at home.

### *Taking Care of the Family Savings*

There is discussed wise saving of money, teaching that the income should be considered as a joint income of both parents, that both parents, and even the older children should have a share in deciding the wise use of their money for all expenditures, particularly those that will affect the whole family. The wise investment of money, knowledge of "loan sharks" and other "wild-cat" investments are all important points in training for home management.

The question of working mothers is often brought up in this topic. Here the advantage of having the mother in the home if possible is shown and the extra consideration that must be given to a mother working outside of the home by all members of the family. It is pointed out that there is no line between mother's work and other work—all should help.

### *Using Business Methods in the Home*

Here too, through the problems worked and brought in from the homes, is another chance to show how and why the home may be considered as a business and should be run on that basis with both parents sharing equally as partners, and that the business of being a mother and housewife is as much a profession as teaching, or other outside work.

### *Improving the Family's Surroundings*

Better standards of living are taken up here, comparing our standards of living with pioneer groups and those of other cultures; the need for a house to be a home; the difference between a home with nice surroundings and one without; the fact that a home of some sort is essential, that all animals and people have homes of some type—the more civilized we become the more time and thought we spend on our homes and their improvement; appreciation of our homes; how individuals may improve the home not only in physical comfort but in making it a happy place to live in.

*Working in the Home*

Responsibility of each member of the family is discussed, why each is responsible. Through problems dealing with buying food supplies, we can bring in the topic of a balanced diet. Planning for remodeling homes brings up the question of the need to have sufficient bathing facilities, sleeping quarters and privacy.

\* \* \* \* \*

Arithmetic is one of our most interesting periods, I think not so much for the actual working of the problems but for the discussions that the problems bring up. The fact that all our problems are based on the home and family activities opens up so many channels for discussion and guidance in subjects the children are truly interested in and on which they feel a need for advice.

We have always held these discussion periods in an informal manner, but I had never realized their full import or value until taking a course in social hygiene. I now try to bring in the social hygiene teaching in a positive and enlightening manner.

## NEXT STEPS IN SEX EDUCATION

At the Social Hygiene Regional Conference in Chicago, February 1 and 2, 1940, an extremely popular session was that on *Next Steps in Sex Education*, sponsored by the Association's National Education Committee. Over one hundred educators, parents, physicians and others came together to discuss this vital subject under the guidance of Dr. William F. Snow, and the time devoted to this meeting ran far beyond the allotted hour. Participants took the questions listed here away with them for further study and discussion with their respective groups, and many valuable comments and suggestions have since been received by the Committee. The JOURNAL publishes these questions with a cordial invitation to readers to send answers, opinions and proposals for further discussion to Dr. Maurice A. Bigelow, Chairman of the National Education Committee, 1790 Broadway, New York City.

*A Few Questions Proposed for Discussion*

1. What is education?
2. What is "sex education"?
3. What is its final purpose?
4. Has sex education a logical place in the general educational program?
5. Can sex education be "taught"?
6. By whom?

7. When?
8. How?
9. Is there a distinction between sex education in the broad sense and health education?
10. At what point and how should information be given about the venereal diseases?
11. Is the public ready at this time to consider and support the introduction of sex education in its proper place in the broad scheme of education?
12. What difficulties remain in the way of prompt acceptance of sex education as a part of education?
  - a. Lack of adequate sex-social adjustment of parents and of teachers—Can any practical suggestions be made toward attacking this problem?
  - b. Lack of trained teaching personnel—What plans shall be made to give adequate teacher training?
  - c. Misunderstanding of the public as to the content, methods and objectives of sound sex education—How can public opinion be molded and organized, on this subject?
  - d. Other practical difficulties?
13. Can some practical suggestions for “next steps” be made, which might be recommended for action to the attention of large organized groups such as:
  - General Federation of Women’s Clubs.
  - National Congress of Parent Teacher Association.
  - National Education Association.
  - Conference on Cooperation in School Health Education.
14. Is there enough agreement on the above points, so that a report outlining such agreement could be drawn up at this time, which would represent the consensus of this meeting?



## EDITORIALS

### THE SCHOOLS AND SOCIAL HYGIENE

Since the JOURNAL last devoted its pages to this important subject\* new progress has been made and new interest developed, as shown by the articles in this issue. Studies such as that reported by the New York State-wide Study Committee (page 297), and the prompt translation of that report into working plans, break new and fertile ground; Doctor Cory's article shows how social hygiene societies can cooperate with the schools in a practical way; the testimony of Mr. Kirkendall and Miss Fish as teachers throws new light on classroom methods in social hygiene teaching; the study reports by the National Education Committee present a cross section of growth. Such leaven, working no matter how slowly, must in time inevitably lighten the whole mass of educational theory and practice, to the infinite benefit of mankind.

The National Education Committee of the American Social Hygiene Association, whose chairman, Professor Maurice A. Bigelow, has acted as guest editor of this number of the JOURNAL, dedicates it to the million and half teachers who man America's schools, from kindergarten to university, and the 30 million pupils who are being trained and taught in these educational institutions.

### NATIONAL DEFENSE AND SOCIAL HYGIENE DAY

In September, 1939, when President Roosevelt declared a national emergency, demands immediately began to come to the Association for help in solving social hygiene problems associated with national defense. As industrial mobilization and concentration of armed forces progressed, the requests for such services increased, particularly as regards the main-

\* October, 1939, special number on Sex Education in the Schools.

tenance of prostitution-free environment in areas near military and naval establishments and maneuver areas.

Investigation of conditions, and recommendations for action toward remedy have been and are being provided in many localities by the Association's staff with encouraging improvement of community conditions and a corresponding drop in the venereal disease rate among armed forces and the civilian population.

This is only one phase of, and one step of the service for which the Association is relied upon in the campaign for health defense. For the coming year, and for as long as may be necessary, the emphasis on the "8 point program on 48 fronts" will need to be in this sector, and all who are cooperating with the Association's activities in any way are urged to participate in the health defense program. Fifth National Social Hygiene Day, February 5, 1941, will provide a special opportunity for such participation. Watch future issues of the JOURNAL and NEWS for further particulars as to how you and your community can help in the campaign to protect our soldiers and sailors and their families from syphilis and gonorrhea.

#### THEY LIVE IN THE LIVES OF OTHERS

Sir William Osler once said, "*We are here not to get all we can out of life for ourselves, but to try to make the lives of others happier.*" This precept, laid down by one of medicine's most noted men, was never more thoroughly exemplified than in the lives and works of three friends of social hygiene whose loss the JOURNAL records here with deep regret.

Dr. William A. Pusey, Chicago dermatologist, author and educator, who died on August 29 at the age of seventy-four, was an early leader in the fight against syphilis and other venereal diseases. Widely honored both in this country and abroad by many important medical societies, and his counsel constantly sought by his colleagues and the public, he found time still through many years to help and advise the Association and local groups. Until 1935 he was a member of the Association's General Advisory Committee.

Dr. F. Park Lewis of Buffalo, noted ophthalmologist and a leader of his profession in establishing organized methods for the prevention of blindness, was always especially interested in social hygiene problems, particularly as related to the prevention of ophthalmia neonatorum through the use of silver nitrate solution dropped into the eyes of babies at birth. His death on September 10, at the age of 85, sees this preventive method used throughout the world and infectious blindness from this cause reduced to a minimum.

Concerning Dr. Hans Zinsser, whose sadly premature death from leukemia, at the age of 61, occurred on September 4, a resolution adopted by the Association's Executive Committee finds an echo in the hearts of all who came within the circle of his influence:

The Executive Committee of the American Social Hygiene Association, meeting in New York City on September 5, 1940, sadly takes official note of the death of Professor Hans Zinsser, a great benefactor and friend of humanity who gave some of the best of his brilliant abilities to the solution of problems which concern this Association and who served the Association as Chairman of its Massachusetts Anti-Syphilis Committee and as a member of its Board of Directors and who at many times during the past quarter century generously advised and supported the Association. Few men possess his intellectual powers, few his scientific honesty, few his gifts of artistic expression and few his friendly philosophy, comprehending equally in its sympathetic understanding the trends of world wide society and the hopes and fears, strength and weakness of many obscure individuals to whom he extended timely aid. Few men will be missed as he will be from circles of intimate associates and from the ranks of humanists and scientists throughout the civilized world.

The Executive Committee, deeply conscious of the loss of an eminent colleague and friend, extends its sympathy to the family of Professor Zinsser and especially to Mrs. Zinsser, and offers the consolation that comes from assurance of the permanence of his many contributions to the advancement of the welfare of mankind. His courage, simplicity, honesty, devotion and friendliness have inspired many students and associates. They will endeavor to emulate his character.

These men truly labored not for personal glory, but for the happiness and health of others, and in the lives of those others they live on.

## DONALD C. DOUGHERTY

The sudden death of Donald C. Dougherty, for nearly four years an associate director of the Association and assistant to the chairman of the National Anti-syphilis Committee in its campaign for funds, comes as a shock to all who knew him. Although Mr. Dougherty earlier in the year suffered an illness of some weeks from a heart attack, he had made good progress toward recovery, was at his desk daily and his demise, due to coronary thrombosis, was entirely unexpected.

His death occurred on September 8 at his home at 33 West 51st Street, New York City, and following a brief service in New York on September 10 his body was taken to his old home in Steubenville, Ohio, for burial. He was 51 years old. His wife, Bertha Belle Dougherty, survives him.

Mr. Dougherty had devoted most of his life to newspaper and publicity work and was widely known as an expert in organizing campaigns and directing publicity. Many men and women now successfully engaged in this kind of work were trained by him.

Starting as a Cleveland *Plain Dealer* reporter, he was later publicity director and assistant manager of the Lake Division, American Red Cross. He conducted campaigns for the University Hospital, Western Reserve University, Case School, John Carroll, University School, Hathaway Brown School, and several hospitals.

Mr. Dougherty's passing brings a deep sense of personal loss to the Association's staff and officers who were privileged to work closely with him.

Sincerity, directness and loyalty to the cause distinguished his efforts in social hygiene, and his success in securing funds in such difficult years as these just past is its own tribute to his ability and perseverance. An added tribute is the fact that in a search for a successor to carry on the work, the Executive and Finance Committees were unanimous in choosing a man trained by Mr. Dougherty—Mr. Elliot J. Jensen of Cleveland, who will join the Association's staff on November 1.

## NATIONAL EVENTS

**At the A. P. H. A. Meeting.**—The program of the 69th Annual Meeting of the American Public Health Association, Detroit, October 6-11, includes much of interest to social hygiene workers.

Sunday, October 6, 8:30 p.m. Community meeting arranged by the American Social Hygiene Association. The topic of the evening is *How can citizens help to protect soldiers and sailors from syphilis and gonorrhea?* The Michigan Anti-Syphilis Committee, Michigan Department of Health, Detroit Department of Health, Junior Board of Commerce of Detroit, Social Workers Club of Detroit, Detroit Young Men's Christian Association, Detroit Young Women's Christian Association, are among those joining with the A. S. H. A. in sponsoring this meeting.

Dr. Henry Hitt Crane, Pastor, Central Methodist Church, Detroit, will preside. Speakers are: Commander Charles S. Stephenson, M.D., United States Navy; Lt. Col. George C. Dunham, M.D., United States Army; R. A. Vonderlehr, M.D., Assistant Surgeon General, United States Public Health Service; and Bascom Johnson, Associate Director, American Social Hygiene Association.

Events in the American Public Health Association sessions of special interest to social hygiene workers are as follows:

### TUESDAY, OCTOBER 8

9:30 a.m., *Epidemiology Section: Chronic Illnesses Among Syphilitic and Tuberculous Families and Expense to the Community of Such Families.* George H. Ramsey, M.D., Marjorie T. Bellows, and Hilda Freeman Silverman.  
2:30 p.m., Public Health Education Section; *The National Story Magazine as a Channel for Legitimate Health Information.* Valeria H. Parker, M.D.  
8:30 p.m., First General Session *Presidential Address. Public Health in National Defense.* W. S. Leathers, M.D., President-elect, A.P.H.A.

### WEDNESDAY, OCTOBER 9

2:30 p.m., Special Session, *The Control of Venereal Diseases in a National Defense Program. Presiding: Surgeon General Thomas Parran. The Relationship of the Health of Civilians to the Efficiency of the Army.* Major General James C. Magee. *The Relationship of the Health of Civilians to the Efficiency of the Navy.* Commander Charles S. Stephenson. *The Control of the Venereal Diseases in Civilian Areas Adjacent to Concentrations of Armed Forces.* A. B. Price, M.D., and Francis J. Weber, M.D. *Prostitution as a Source of Infection with the Venereal Diseases in the Armed Forces.* Major General C. R. Reynolds, M.D.

### THURSDAY, OCTOBER 10

10:30 a.m., *Health Officers and Epidemiology Sections: Case Finding and Case Holding in the Detroit Syphilis Control Program.* Loren W. Shaffer, M.D., Oscar D. Schwartz, M.D., Paul T. Salchow, M.D. *The Patient Interview: A Demonstration of Case Finding Technic from Actual Experience in the Syphilis Clinic.* Helen E. Woods and James H. Gordon.

### FRIDAY, OCTOBER 11

9:30 a.m., *Health Officers Section: Public Health Importance of Intravenous Drip Method for Treatment of Syphilis.* George Baehr, M.D.

In addition to Mr. Johnson, Dr. Clarke, and Mr. Stenek, were among the members of the national staff scheduled to attend the Detroit meeting.

Mr. Stenek was in charge of the Association's exhibit on the diagnosis, treatment and epidemiology of gonorrhea. He also attended the American Public Health Association Health Education Institute.

**The American Institute of Family Relations Reports on Ten Years Work.**—The Institute opened its doors on February 3, 1930. It held its 100th all-day conference on Friday and Saturday, October 4 and 5, the subject being *The Successful Family*. (For copies of this program address the Institute of Family Relations, 607 South Hill Street, Los Angeles, California.)

In ten years of adult education the Institute, of which Paul Popenoe is secretary and general director, has done far-reaching work in public education, personal service and research. Members of the Institute's staff have lectured in nearly 200 colleges and universities. In California most of the Institute's all-day conferences have been sponsored by local boards of education which defray the costs through state subsidy for adult education. Local people are aided to do more effective work later on their own account. Far-reaching is the help that the Institute gives to teachers, clergyman, physicians, probation officers, social workers. Its circulating library makes important current books accessible to anyone in the United States.

An important part of the Institute's work has been to help those needing personal guidance. Premarital service is offered to those who want help in making their marriage a success. Standard psychological tests, physical examinations, blood tests and special educational material are given as preparation for marriage. A large part of the Institute's office work deals with couples who have been married and who are in difficulties. The general policy is not to duplicate the work of any existing agency but to provide assistance in cases where no one else is able or willing to do so.

At the time of the organization of the Institute it was felt that there was a lack of information on family relations. Therefore an important part of the work has been an attempt to substitute knowledge for imagination in this field.

The Institute's staff consists of expert counsellors in clinical sociology, psychology, religious education, home economics, biology, and medicine, working almost wholly on a volunteer basis. One of the most recent additions to this staff is Roy E. Dickerson of Kansas City, Mo., in the capacity of associate in educational extension. He is a foremost lecturer in family relations, social hygiene and mental hygiene.

**Better Parenthood Week.**—George J. Hecht, Chairman of the Better Parenthood Week Committee, reports that the third annual observance of Better Parenthood Week, September 23rd to 29th, commanded more widespread public attention than ever before. Parent education groups and child welfare agencies throughout the country worked

in cooperation with the Committee to enlist local and national support for their activities.

The purposes of Better Parenthood Week are: (1) To make fathers and mothers more fully aware of the importance of using the best possible methods in the care and training of their children, and to acquaint them with the many sources of help and information available to them in handling their family problems; (2) To encourage the formation of groups for the study and discussion of child rearing problems; (3) To promote more cooperative understanding between parents and teachers and between the school and community at large; and (4) To lend active support to all community efforts for better schools, child health, recreational facilities, vocational guidance and the prevention of delinquency.

Clubs and other groups in more than seven hundred communities planned and carried out local observances which were marked by meetings, luncheons, radio addresses and membership drives. The Governors of nine states issued Better Parenthood Week proclamations or endorsements and the Mayors of many of America's largest cities lent public support to the celebration.

In New York Better Parenthood Week was opened with a luncheon at the Ritz-Carlton Hotel given by *Parents' Magazine*. The luncheon honored Miss Katharine F. Lenroot, Chief of the U. S. Children's Bureau, who was awarded the 1940 Parents' Magazine Medal for Outstanding Service to Children. In past years, the medal was awarded to Mrs. Franklin D. Roosevelt, Walt Disney, Dr. Thomas Parran and Dr. Walter Damrosch.

Dr. William F. Snow served as a member of the National Committee sponsoring Better Parenthood Week.

**American Education Week Theme Is Education for the Common Defense.**—The twentieth observance of American Education Week will be held in schools throughout the nation November 10 to 16. American Education Week grew out of the World War, says the *Journal of the National Education Association*. Drafting in the war revealed that twenty-five per cent of men examined were illiterate; twenty per cent were physically unfit; many more were foreign-born with small understanding of the American way of life. During and immediately after the war there was a lack of teachers to man the schools. A long-range program for the extension of education was needed to reduce illiteracy and physical unfitness. Members of the American Legion consulted with educators, and as a result American Education Week was first celebrated in 1921. Its broad purpose has been to acquaint the people with the needs, aims and achievements of the schools.

**National Congress of Parents and Teachers Lay New Plans for the Child in His Community.**—A three-year plan was announced by the Congress last July, based upon the findings and recommendations of the recent White House Conference *Children in a Democracy*.

Concerning the program, Mrs. William Kletzer of Portland, Oregon, newly elected national president said, "As parents and teachers we pledge ourselves to do the things that can be done now and to plan for those that must be done in the future."

The program urges parent teacher associations to promote activities basic to the well-being of American children and youth, including among other things: extension of parent education; encouragement of higher standards of family life; emphasis on spiritual values in child development; promotion of economic security for all families; support of housing programs; fostering of health education, public health and social services. The program of the Congress Social Hygiene Committee, of which Miss Aimee Zillmer, Madison, Wis., is chairman, is planned to further these objectives.

**Child Study Association Announces Program for Coming Year.**—The Child Study Association of America, for fifty-two years an influence for deeper understanding of childhood and family life, has announced a program for 1940-41 which includes lecture discussion courses, consultation service, and a lecture series on The Family in which several widely known speakers will participate.

Sex interests and education for the child from two to six, and from six to twelve will be considered in the lecture discussion courses conducted by Mrs. Aline B. Auerbach and Dr. Peter Blos.

Plans for the coming season include special work with refugee children.

First event of the fall season is open house at headquarters, 221 West 57th Street, New York City, on Monday, October 14, from 3 to 5:30, to which members and friends are invited to meet the Board of Directors, committee chairmen and the staff.

**Book Week for Children Next Month.**—Growing national emphasis on education, welfare of youth and enrichment of home life, adds significance to the crusade for books and more book facilities. The date of the twenty-first annual book week is November 10 to 16. Leaders of the drive urge not only the increased use of books in the library but also more reading for children in the homes. Book Week is not intended to be alone a week for the distribution of children's books, but also a week for arousing new enthusiasm and the effect of this enthusiasm spreads throughout the year. We suggest to our affiliated societies the possibility of cooperating locally with schools and libraries in this event. The national office will also be glad to hear from libraries or other groups interested in exhibiting social hygiene books for children at this time.

**National Recreation Association Holds 25th Congress.**—September 30 to October 4, in Cleveland, Ohio, with headquarters at the Hotel Statler, the National Recreation Association held its annual meeting. General theme of the five-day assembly of educators was



*Recreation Under Present World Conditions.* Thirty-five discussion groups met on various aspects of the topic.

**Association Exhibits.**—Autumn is a busy time for the Association's exhibit makers. Among our recent exhibits and dates ahead are:

September 16-20, Boston, Massachusetts, American Hospital Association Meeting.  
September 30-October 1, Eau Claire, Wisconsin, Wisconsin State Nurses Convention.  
October 7-11, Newark, New Jersey, Meeting of Essex County Physicians.  
October 8-11, Detroit, Michigan, Annual meeting American Public Health Association.

October 10-12, Cleveland, Ohio, Association of Military Surgeons.

October 14-25, New York, N. Y., Graduate Fortnight.

October 15-16, Columbus, Ohio, Ohio Welfare Council.

October 15-17, Washington, D.C., Medical Society of the District of Columbia.

November 12-15, Louisville, Kentucky, Southern Medical Association.

Ask for the new exhibit folder (A-289), and let us know if you have a meeting coming on where you can use such material to good advantage.

## NEWS FROM THE 48 FRONTS

**Arizona—Phoenix Studies Venereal Disease.**—A special committee, headed by Doctor John L. Pennington and composed of medical men and others concerned with public welfare, has been appointed by Doctor Reed Shupe, Mayor of Phoenix, to investigate the prevalence of contagious diseases in Phoenix and devise more adequate and effective disease control and prevention measures. The committee will especially concern itself with the problem of venereal disease.

**Georgia—Radio Talks.**—Beginning September 18th the Savannah-Chatham County Health Department and the Georgia Medical Society are presenting every Wednesday at 8:00 p.m. over Station WSAV a series of radio broadcasts on fundamental health topics. Doctor C. C. Hedges, Savannah-Chatham Health Officer, will speak on the October 30th program which is to be devoted to syphilis. "Public Health Enemy No. 1" will be the title of his address.

**Idaho—Conference on Venereal Disease Control.** A two-day meeting for public health nurses was held at the North-Central Idaho Health Unit on July 22 and 23. Miss Frances Buck of the Bannock County Health Unit conducted the meetings, which covered the means of diagnosing diseases and proven methods of control and prevention.

**Michigan—Sex Education in Lansing Schools.**—Drs. Harold A. Miller and Robert S. Breakey, who have cooperated in providing sex education in the Lansing senior high schools have reported the results of a seven years study with ten thousand tenth grade children. Their paper is published by Eugene B. Elliott, Superintendent of

Public Instruction, Lansing, as an aid to teachers and administrators interested in improving their own programs.

Drs. Miller and Breakey see a necessity for sex education in the schools because (1) parental instruction is inadequate, (2) misinformation and ignorance on the part of high school age children leads to the type of thinking which produces obscene writing on lavatory walls, and perhaps venereal infection, or illegitimate offspring. Natural curiosity should be academically answered for healthy minds and bodies.

The authors observe that parental instruction of pre-adolescents in matters of sex would be the ideal pre-requisite for a detailed course given in school. Parents, they find, need to be educated for this role. Adult education of this kind is not generally possible. Courses now being given should produce future mothers and fathers better equipped to give sex information to their grade school children.

The approach and method of instruction should take into consideration the school community—its general interest in child guidance, its social and cultural level, the progressiveness of school boards and religious leaders.

Pedagogical experience has shown that: the sexes should be separated for these classes; an adequate course considers anatomy and physiology of the sexes, fertilization and the creation of life, pregnancy, labor, heredity, sex determination, parenthood, social relationships, syphilis and gonorrhea, patent medicines and quacks. (It is not thought advisable to include instruction on prophylaxis at the present time). It is believed that following discussion of the basic principles, the tragedies associated with sexual indulgence should be pointed out, and the doctrine of trial and error shown to be dangerous. It is believed, however, that the emphasis should not be on coercing boy and girl behavior through fear of individual disaster. Rather a sense of responsibility should be instilled.

The instructor is the important note in a successful program, and should be carefully chosen as to qualifications. The course should not be thrown on an already overloaded physical training instructor or family physician.

After seven years trial the authors find many benefits accruing to the community, and a gain in cooperation among school administrators.

Their final comment is that sex education would be more effective, more timely, if taught earlier than the 10th grade in school.

**New Jersey—Offers Free Syphilis Tests, and Combats Gonorrhea.**—Free tests for syphilis among C.C.C., National Guard, Regular Army enrollees, and key defense industries in New Jersey will be undertaken by the State Department of Health in an expanded drive against the venereal diseases. Dr. J. Lynn Mahaffey, State Health Director, also proposes to intensify and expand activities in New Jersey as related to the control of gonorrhea. Lectures on this

disease will be included in the postgraduate course in venereal diseases as presented to physicians in the fall. Plans to develop a clinical course in gonorrhea for physicians are also under consideration.

**New Jersey Health and Sanitary Association Meets.**—The sixty-sixth annual meeting of this well known organization will be held at the Berkeley-Carteret Hotel, Asbury Park, on November 15th and 16th. After the Friday morning session, a *Health Quiz* will be conducted by Doctor Leverett D. Bristol, President of the Association. *New Ventures in Health in New Jersey* and *Health Needs for New Jersey* will be discussed Friday afternoon. The newest health pictures will also be shown in a three-hour continuous performance Friday starting at 3:00 p.m.

The Sixty-sixth Annual Session will be held on Friday evening. Among the speakers are Dr. Bristol, Dr. Watson B. Morris, President of the New Jersey Medical Society, and Colonel W. A. Hardenbergh, Sanitary Corps, U. S. Army.

Election of officers will be held Saturday morning.

**Rutgers University Offers Course.**—Rutgers University is offering among other courses, a course on the public health control of venereal diseases at its Newark branch, 37 Lincoln Avenue. Classes start on October 1st and meet once a week. In addition this course will be given at Trenton. It is being offered in cooperation with the New Jersey State Organization for Public Health Nursing and emphasizes the role of the public health nurse in the present statewide venereal disease control program.

**New York—Bureau of Marriage Counsel Begins Fall Work.**—Doctor Valeria H. Parker, Director of the Bureau of Marriage Counsel and Education for Social and Family Relations, spoke at the September 15th Union Meeting of Churches in Middleburg, New York. *The Part of the Church in Preparation for Family Life* was the topic for discussion.

The Bureau will open a series of ten lectures on family life to be held October 10 through December 10 for the School of Adult Education, Weequahic High School in Newark, New Jersey.

On Tuesday, October 8th, Doctor Parker gave a paper before the Detroit Meeting of the American Public Health Association on *The Use of the National Story Magazine as a Vehicle for Legitimate Health Information*.

Doctor Parker will also lecture at the Bethany Evangelical Church, Richmond Hill, New York, on October 27th, and at the Stamford Jewish Center, Stamford, Connecticut, on December 3rd.

**City Health Department Gives Lecture Courses.**—The first of a series of six weekly lectures on the treatment of venereal disease was held September 14th at the New York City Health Department.

This course is open to practicing physicians and members of the Army and Navy Medical Services.

The Health Department has also started refresher clinical courses on venereal diseases for physicians, especially those in the Army, Navy, Marine Corps, National Guard and Coast Guard, three mornings and three afternoons a week.

The National Guard and the United States Public Health Service sponsored separate lectures on venereal diseases which were given to physicians, officers and men of the National Guard in their armories on September 19th and 20th.

**Ohio—Dayton Social Hygiene Association Holds Annual Meeting.**—This event occurred on September 20th with Albert H. Crombie of the State Health Department giving the principal address. Doctor J. Grant Marthens, chief of staff of the city public health clinic, and City Health Commissioner H. H. Williams also spoke.

R. William Patterson was elected President of the Association for the coming year, succeeding the Reverend J. P. Brereton. Everett E. Milstead was elected Secretary-Treasurer and Robert G. Corwin was re-elected Vice President.

John F. Ahlers, Dr. Sterling Ashmun, Dr. J. M. Chase, Mrs. Fred Geyer, Bert Klopfer, Emerson H. Landis, Mrs. George H. Leland, Dr. J. Grant Marthens, Mrs. Morris Paul, Samuel H. Thal, Dr. H. H. Williams and Rabbi Louis Witt were elected to the Board of Directors.

A plaque was presented to Mr. Thal in recognition of his services as director of the organization's financial drive last spring.

## YOUTH NOTES

*Prepared by the American Social Hygiene Association's Youth Service*

Youth Service is again going into action as schools and youth organizations prepare their winter programs. Many requests for materials have come to our attention during the past month with some 340 pieces of literature going out to public schools, high schools, colleges, N. Y. A. groups and other youth serving organizations. *What You Should Know About Syphilis and Gonorrhea* is fast taking first place on our youth list of most popular pamphlets.

The American Youth Commission reports that its second edition of *Youth-Serving Organizations* will be off the press early this fall.

With the Association moving its offices to 1790 Broadway, New York, Youth Service has been checking stock. We find a number of pamphlets on our shelves which would be valuable additions to the libraries of youth groups. **Why not write in and let us know your needs.**

## IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

**"He Raised The Money,"** the *Cleveland Plain Dealer* (September 10, 1940) reports in its tribute to the late *Donald C. Dougherty*, "A wide circle of friends will regret the untimely passing of Donald C. Dougherty. At 52 he should have had years of usefulness ahead. Though he left Cleveland for New York some five years ago, the city remained his home and here were centered his best remembered activities. Dougherty came to the *Plain Dealer* straight from Cornell University, leaving after a few years to engage in publicity and fund-raising for institutions in need of money for endowment or expansion. He thus served local universities, University Hospitals, the Cleveland Club and many others. Those were lush days when fund raising for worthy purposes was comparatively easy providing the campaigns were well organized and skillfully conducted. They were just that when Dougherty's hand was in control. During the last five years he has been financial director of the American Social Hygiene Association in New York. Friends and former colleagues pay tribute to a useful citizen and a gentlemen."

### —Health Defense for America

Now that the summer is fading into the background we are looking forward to the winter social hygiene campaign. The war in Europe and defense for America is still crowding other news out of the headlines. The last World War showed what a great toll venereal diseases take in life and lost time in the armed forces of this country. Venereal disease education is an essential part of America's defense. All of America is uniting to meet the emergency and we who are writing about syphilis and gonorrhea will do our part.

"How Can Citizens Help To Protect Soldiers and Sailors From Syphilis and Gonorrhea" will be the subject of the *Community Social Hygiene Meeting* in Detroit, October 6th, when leaders from the Army, Navy, Public Health Service, and the American Social Hygiene Association gather to discuss the part social hygiene will play in the defense program.

Another important meeting was the *American Pharmaceutical Association*

—*American Social Hygiene Association conference* in New York, September 19th, when medicine and pharmacy discussed the cooperation of the pharmacists in prevention and control of syphilis and gonorrhea among men in or eligible for military and naval service.

*Drug Topics* (July 22, 1940), in a summary of significant resolutions passed by retail drug associations in 41 states and the District of Columbia, reported 18 associations endorsing the venereal disease campaign. This survey covered 58,066 druggists and placed the venereal disease campaign second in the list of 16 important resolutions acted on at State Pharmaceutical Association conventions.

Recommended as good reading is *Drug Topics* series of articles by Dr. Walter Clarke if we can judge from reader comments. Also recommended is "Syphilis and What To Do About It", the pamphlet the *Southern Pacific Company* is placing in the hands of every employee.

The publicity put out by the *Alabama State Department of Health* is among the best we have seen. Under the direction of *John Gibson*, a Columbia School of Journalism graduate, the department prepares news releases, radio talks, pamphlets, and other materials publicizing the work of the department.

"Officials of the *Medicine and Public Health Building* at the fair announced today that visitors are averaging 70 per cent on the medical quiz being conducted in the building," reports the *New York Sun* (September 5, 1940). Which reminds us, the Fair

is nearing an end—October 27th is closing day.

We are interested in the United States Public Health Service's new "V. D. Circular" under the direction of Howard Ennes, informational assistant.

The Association's supply of radio talks is again exhausted but we promise to have more copies ready for distribution in a few weeks.

With all this talk about war the Association has donated its old World War film "*End of the Road*" to the Modern Museum of Art in New York City.

## BOOK REVIEWS

WHAT THE HIGH SCHOOLS OUGHT TO TEACH. American Council on Education. Report of a special committee to the American Youth Commission. 1940. 36 p. 25 cents.

This report deals with "major needed changes in the curriculum of American secondary schools on which it should now be possible to secure agreement", and it was adopted unanimously by the ten nationally famous educators who served on the committee. There are many wise recommendations concerning the coming high school education, but the space of this special journal must be reserved for what concerns education in the broad field of social hygiene. Three pages are given to "Instruction concerning personal problems", for which "there must be a place in any program of general education". Maintaining one's physical and mental health is perhaps "the most urgent of these problems".

There is no direct reference to sex education either in its limited or larger aspects. However, one who has had long experience with cryptic and mysterious writings related to social hygiene may safely guess that the selected quotations printed below mean that high school education should prepare two kinds of humans for their inevitable life together—in short, the larger sex education is indicated. In fact, it seems to the undersigned reviewer that the quoted phrases cover all of the larger sex education, or human relations education, which the National Education Committee of the American Social Hygiene Association would recommend for high schools, in plain language, that which would require no guessing by educators or parents.

"There are topics relating to personal life which need to be dealt with in the light of scientifically established principles if young people are not to fall into fatal mistakes because of ignorance. Family life is a problem on which young people need instruction. As in many other spheres of modern life, the parents of young people are not competent to marshal more than a part of the facts that young people ought to know. If parents do all they can to teach the

lessons of family life there is still need for consideration of family problems on the basis of facts that can properly be supplied by specialists in biology and sociology. . . . It has been thought that the school should not invade the private lives of young people with any treatment of their purely personal concerns. . . . It must certainly be admitted that many teachers are not able to supplement what parents can teach their children. Where teachers are incompetent the school can make up for the deficiency . . . if it will put into the hands of adolescents good reading materials which give instruction on the problems of personal life." And here follows about 18 lines which emphasize the commendable suggestion that much "instruction concerning personal problems" (apparently euphemism for the larger sex education) "may be well done by encouraging reading by the pupils. This is in line with the widespread demand for better social hygiene reading matter adapted to youthful readers in high schools and the early years of college.

Much good will come from the fact that ten of the most eminent educators in America agree "unanimously" even if somewhat euphemistically in recommending for our high schools the most important ideas of the larger sex education. Naming this phase of education is not essential, but youth today is seeking facts and guidance regarding sex and its relations to healthy and happy life. High schools and colleges "ought to teach" to meet this demand of youth for the larger sex education, even if we must compromise on labelling it "facts that young people ought to know", or "family life education", or "human relations education".

MAURICE A. BIGELOW.

INTRODUCTION TO COMMUNITY RECREATION. Edited for the National Recreation Association by George D. Butler. McGraw-Hill Book Company. New York, 1940. 547 p. \$3.50.

The author states that the purpose of this book is to fill the need for a comprehensive volume interpreting community recreation, its significance, objectives, program content, methods of operation, and relationships. Special consideration is given to those forms of recreation which require a large degree of organization and leadership, and in which participation plays an important part. Primary emphasis is placed upon the work of government agencies.

The book is divided into 7 parts as follows: I. *Recreation—Its Nature, Extent and Significance*; II *Leadership*; III *Areas and Facilities*; IV *Activities and Program Planning*; V *The Operation of Areas and Facilities*; VI *Program Features and Services*; VII *Organization and Administration Problems*. Thirty-four chapters deal with various items in these sections, and a thirteen page bibliography and a comprehensive index complete the volume. In the preface, the author says the term "community recreation" is applied in this volume to recreation services that are provided for the benefit of all the people. Major consideration is given to problems related to the town and city rather than the rural community but much of the material presented here should be useful to rural recreation leaders. The special interests and needs of three groups have been kept in mind—students and teachers of recreation courses, professional recreation workers, and interested lay individuals. The material is especially designed for use in the large number of colleges, universities and special teacher training institutions that have established recreation courses. It should give the student who is contemplating a professional career in recreation a background for further specialized study. To persons who are preparing for the field of education, either as classroom teachers or as specialists in a subject like crafts, music or physical education, or who are looking forward to a career in social work or government service, it should furnish an understanding

of community recreation, a field closely related to the one in which they will be working.

The author further states: "the recreation movement is comparatively new and is undergoing rapid changes and expansion, and its significance and extent are far from being fully realized. Because this is true, in presenting this volume one can merely give a picture of past achievements, point out present trends and objectives, and realize that the future will necessitate many revisions in order that the book may keep abreast of new patterns and unexpected developments."

**SEX ADJUSTMENTS OF YOUNG MEN.** By Lester A. Kirkendall. Harper & Bros. New York, 1940. 215 p. \$2.00.

The author is Associate Professor of Education in Teachers College of Connecticut, at New Britain, and has taught in the Departments of Education at the New Mexico State College, Colorado State College of Education, the University of Colorado, and the University of Washington. In all these positions he has kept in close contact with the students in an advisory capacity. He has accumulated over a period of years hundreds of case histories, some of which are included in this book.

From 1927 to 1933 he was principal of the elementary school in Oberlin, Kansas—his home town—and taught high school there. During this time he was particularly interested in and devoted much time to counseling boys and young men.

The book starts with the assumption that human beings develop physically before they can marry and exercise their natural rights in society. Before society admits their maturity they are subject to certain stress and tension as a consequence of the sex urge. How are they to meet the fact of this growing awareness of the physical body?

The chapter headings indicate the scope of contents: Desirable and Undesirable Attitudes Influencing Sex Adjustments, Sex Maturity and Adolescence, Forms of Sex Adjustments Commonly Found Among Young Men, The Desirability of Various Forms of Adjustment, Commonly Held Misconceptions in Regard to Sex, Aids in Achieving Desirable Adjustments and Developmental Sex Histories of Selected Individuals.

In a foreword, Dr. Percival M. Symonds of Teachers College, Columbia University says: "Dr. Kirkendall has written to young men about the sex problem basing what he says on his evidence from scores of young men who have talked with him. This book should have a very healthy influence in helping young men to face sex in their own lives. It is a scientifically sound yet simple discussion of the problems of sex."

Professor Maurice A. Bigelow says: "It is a very worthwhile book."



## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall within its field and are requested for review for its readers will be considered for review in later issues.*

### BOOKS

- SEX IN MARRIAGE. Ernest R. Groves and Gladys Hoagland Groves. New York. Emerson Books, Inc., 1940. Revised second edition. 250 p. \$2.00.
- PREFACE TO EUGENICS. Frederick Osborn. New York. Harper & Bros., 1940. 312 p. \$2.75.
- A COLLEGE TEXTBOOK OF HYGIENE. Smiley and Gould. New York. The Macmillan Company, 1940. Revised edition. 539 p. \$2.50.
- THE YOUTH OF NEW YORK CITY. Nettie Pauline McGill and Ellen Nathalie Matthews. New York. The Macmillan Company, 1940. 420 p. \$3.50.
- DERMATOLOGY AND SYPHILOLOGY FOR NURSES. John H. Stokes, M.D. Philadelphia. W. B. Saunders Company, 1940. 365 p. \$2.75.
- PAPERS ON SOCIAL HYGIENE. New York Regional Conference on Social Hygiene. N. Y. Tuberculosis and Health Association, 1940. 118 p.
- REPORT ON THE SEX QUESTION. Edited by Virginia Clay Hamilton. Baltimore. Williams & Wilkins Company, 1940. 182 p. \$2.00.
- TEACHERS COLLEGE CONTRIBUTIONS TO EDUCATION. New York. Columbia University, 1940. 124 p.
- INDUSTRIAL HEALTH. C. O. Sappington. Industrial Commentaries, 1939. 224 p. \$3.75.
- HUGH YOUNG. A Surgeon's Autobiography. New York. Harcourt, Brace and Company, 1940. 554 p. \$5.00.
- THE ADOLESCENT COURT AND CRIME PREVENTION. Brill and Payne. New York. Pitman Publishing Company, 1938. 230 p. \$2.50.
- TWENTY-FIVE YEARS 1915-1940. Community Chest of Cincinnati and Hamilton County, January, 1940. 147 p.
- YEARBOOK OF AMERICAN CHURCHES, 1939-1940. Edited by Hermon C. Weber. Elmhurst, N. Y. Yearbook of American Churches Press, 1940. \$5.00.
- GROWTH AND DEVELOPMENT OF THE YOUNG CHILD. Rand, Sweeny and Vincent. Philadelphia. Saunders, 1940. Revised third edition. 462 p. \$2.75.

### PAMPHLETS

- THE STATEN ISLAND CASE-FINDING PROJECT. Walter Clarke, M.D. Department of Health. New York. 1940. 42 p.
- STEPPING OUT. Prepared by Martha H. Clarke. The Girls' Friendly Society. New York. 1940. 40 p.
- JUNIOR COUNCILLORS. A design for living for American Youth. Bethlehem Plan, Inc. Bethlehem, Pa. 15 p.
- THE CHANGING FRONT OF HEALTH. The Proceedings of the Eighteenth Annual Conference of the Milbank Memorial Fund. April 2-3, 1940. 104 p.
- FORTY-SIXTH ANNUAL REPORT OF THE NATIONAL LEAGUE OF NURSING EDUCATION. Philadelphia, Pennsylvania. May 13-17, 1940. 382 p.
- HEALTHFUL LIVING THROUGH THE SCHOOL DAY AND IN HOME AND COMMUNITY. The State Department of Public Health, Santa Fe, New Mexico. Revised edition. September, 1940. 103 p.
- YOUTH, DEFENSE, AND THE NATIONAL WELFARE. Recommendations of the American Youth Commission of the American Council on Education. 9 p.
- A GIRLS' WORLD. Pauline Gibson. The Womens Press. New York, 1939. 25 p. Also *Address Known; Posters and Their Making; 33,000,000 Girls and Women in the U. S. A. Between the Ages of 15 and 50; and So You're Going to do Publicity.*
- BIBLIOGRAPHY ON FAMILY LIFE, PARENTHOOD AND YOUNG PEOPLE'S RELATIONSHIPS. Federal Council of Churches. New York. 1940. An extensive bibliography compiled for the use of ministers, religious educators, workers in the field of parent education, and for parents and young people interested in the problems of homemaking.

## IN THE PERIODICALS

- AMERICAN JOURNAL OF PUBLIC HEALTH, May, 1940. New York City. *The Problem of the Gonococcus Carrier*. By C. M. Carpenter and R. S. Westphal. p. 537-41.
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, May 4, 1940. Chicago. *A Survey of Prenatal Syphilis in a Hospital for Sick Children*. By W. M. Clifton and M. O. Heinz. p. 1731-33.
- HEALTH AND EMPIRE, April, 1940. London. *Presidential Address*. By Walter Langdon-Brown. p. 191.
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## PAMPHLETS

Unless otherwise indicated, the pamphlets mentioned below are published by the American Social Hygiene Association, and are free, (single copies) to Association members. (Annual dues \$2.00.) \* no free copies.

Pub. No.

- 778 **A Formula for Sex Education**. An outline of what should be taught and when. 5 cents
- A-163 **Sex Education for Parent Groups**, Outline of Four Lectures for Popular Presentation, Valeria H. Parker.
- A-82 **Established Points in Social Hygiene Education**, by M. A. Bigelow. Facts and principles of approved sex education. 10 cents
- A-157 **Sex Education in America Today**, by M. A. Bigelow. 10 cents
- 971 **Sex Instruction in Public Schools**, by W. W. Beatty, Benjamin C. Gruenberg and Herbert W. Smith. 10 cents
- 959 **Case of Youth vs. Society**, by W. D. Townner. Report of a mock trial; society found guilty of neglecting in schools the larger sex education and preparation for family life. 10 cents
- A-199 **Sex Education in the Public Schools of the District of Columbia**, by Mary Helen Stohlman. 10 cents
- A-171 **Sex Education in Home and School**, Thomas W. Galloway. 10 cents  
 Thomas W. Galloway. 10 cents
- A-211 **The School's Responsibility to the Home and the Child in Sex Education**, by W. Linwood Chase. 10 cents
- A-159 **Integration of Sex Character Education with the Teaching of Biology**, by Margaret Stewart Funk. 10 cents
- A-158 **Sex Education in Secondary Schools**: 1938, by B. C. Gruenberg. 5 cents
- \*A-63 **Approaches to Sex Education in the Schools**, by Anita D. Laton, 10 cents.  
 (Reprint *Public Health Nursing*)
- A-10 **Social Life for High School Girls and Boys**, by Paul Popenoe. 10 cents
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## ANNOUNCEMENTS

### OUR NEW ADDRESS

On October 9 the Association, with the other National Health Council Agencies, moved from Rockefeller Center to 1790 Broadway (between 57th and 58th streets). We are on the 14th floor, room 1404 and cordially invite all members and friends to visit us.

**This Month.**—Advance requests have already come in for this special number of the JOURNAL on *The Schools and Social Hygiene*. We have a limited number of the whole issue for distribution—35¢ a copy as usual. . . . Reprints of some of the articles will be available. Your requests will govern this point so please let us hear from you promptly.

**Next Month.**—The November JOURNAL will deal with *Social Hygiene and National Defense*. . . . Some of the contents: *Syphilis, Gonorrhea and the National Defense Program*. Walter Clarke, M.D. . . . *Preventing Venereal Disease in Military Concentrations*. C. A. Harper, M.D. . . . *Program Emphases For Preparedness Conditions*. Ray H. Everett. . . . *National Defense and Social Hygiene in Up-State New York*. George J. Nelbach. . . . *The Relation of the National Defense Program to Social Hygiene*. Harriet S. Cory, M.D. . . . *To Speed Our Defenses*. Dorothy W. Miller. . . . 35¢ a copy.

**And In December.**—A *Social Hygiene Day* number, again on national defense, devised for your special aid in planning your programs for Fifth National Social Hygiene Day.

**Free! Back Numbers of the Journal.**—To bring our stock within the space avail-

able in our new quarters we are offering to social hygiene societies, libraries and other reliable educational and health agencies complete files of the JOURNAL so far as we have them, free of charge except for transportation. *Please let us know your needs promptly.*

**Also Free.**—To hospitals, dispensaries, and clinics, our popular set of eight clinic posters for *Patient Education*, in two colors, red and black, on heavy white stock. Postage will average 30¢ a set.

**Digest of Laws Is Popular.**—Nearly five hundred copies of this important publication—*Digest of Laws and Regulations Relating to Syphilis and Gonorrhea in the 48 States and the District of Columbia*—have been distributed since it was issued in May. Remember that this is bound in loose leaf form so that you can insert your own notes and other data in the proper places. 438 pages, with a foreword by Surgeon General Parran, a preface by Bascom Johnson, the compiler, and a series of helpful appendices, in heavy board cover, with post binders. . . . \$5.00 a copy. Ten per cent discount to Association members, as usual.

**Fifth National Social Hygiene Day.**—Have you a suggestion for new materials or some special program feature you would like to see developed for this occasion? The day is Wednesday, February 5, 1941. Watch the *News* and JOURNAL for further details.

**The New Film on Gonorrhea.**—Progress on this has been temporarily delayed but we hope to have something to report soon. Meantime, if you haven't sent in your advance order we should be glad to hear from you. *The film will be one reel, all talking, and the price will be \$50 for a 16 mm. and \$75 for 35 mm. copy.*

### CHRISTMAS SEALS



Help to Protect  
Your Home from  
Tuberculosis

This is the 34th annual Christmas Seal Sale. Remember the dates—November 25 to Christmas Day—and do your Christmas Sealing early.

# Journal of Social Hygiene

Social Hygiene and National Defense. I

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Fifth National Social Hygiene Day  
February 5, 1941

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

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JOURNAL OF SOCIAL HYGIENE  
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The American Social Hygiene Association  
1790 Broadway, New York, N. Y.  
Publication No. A-286

## THE CHEMICAL AND MECHANICAL PREVENTION OF SYPHILIS AND GONORRHEA

PRELIMINARY STATEMENT BY THE SPECIAL JOINT COMMITTEE  
APPOINTED BY THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
AND THE UNITED STATES PUBLIC HEALTH SERVICE

H. H. HAZEN, M.D., *Washington, D. C., Chairman*; IRA V. HISCOCK, C.P.H., Sc.D.,  
*New Haven Conn.*; P. S. PELOUZE, M.D., *Philadelphia*; WILLIAM F.  
SNOW, M.D., *New York*; HANS ZINSSER, M.D.,\* *Boston*; RAY  
H. EVERETT, LL.B., *Washington, D. C., Secretary*

The Committee was requested to review the history and present status of the prevention of syphilis and gonorrhea by chemical and mechanical means and to make such recommendations as seemed desirable at the present time. The Committee has had several meetings in New York and Washington, has reviewed the published material dealing with its field of study and has heard testimony from representative members of the Army Medical Corps, the Navy Medical Corps, the United States Public Health Service, State health officers, the medical profession, representatives of Negro medical and public health groups, medical schools, voluntary health organizations, religious organizations, educational organizations, social welfare agencies and civic organizations.

The Committee is cognizant of the fact that chemical and mechanical prophylaxis is only one phase of preventive medicine. The prevention of syphilis and gonorrhea by chemical or mechanical means is supplementary to and not a substitute for the prophylaxis of these diseases by educational measures which employ ethical and religious motives. Nor does chemical or mechanical prophylaxis justify any relaxation of efforts to reduce to a minimum exposure to infection by discouragement of prostitution and other forms of sexual promiscuity. In the case of syphilis and gonorrhea, as with other communicable diseases, the best and surest method of prevention of infection is the avoidance of exposure. Educational, religious, sociologic and legal activities which tend to prevent exposure to infection are of great importance. At the same time, however, the Committee is fully aware of the fact that sexual promiscuity is a very important factor in their spread. To decrease the number of carriers among this group of men and women, chemical and

\* Dr. Zinsser died, September 4, 1940.

mechanical prophylaxis is necessary and hence is complementary to educational measures. Obviously modern treatment of syphilis and gonorrhea renders these diseases non-infectious and is therefore also an important method of preventing their spread.

The place of chemical and mechanical preventive measures is at the point where educational, religious, social and legal efforts have not yet succeeded in preventing exposure to infection. At that point preventive medicine offers reasonably efficient methods of prevention, which, if correctly applied, in the majority of instances will prevent the exposed person from becoming infected and from becoming a possible source of infection to those with whom he may later have contact. Thus not only one individual but that individual's family and community may be relieved of the burdens—medical, social and economic—of syphilis and gonorrhea. The employment of chemical and mechanical prophylaxis will preserve the efficiency of men required for defense or service of the nation in time of peace or of war. This being the case, it becomes the moral obligation of sanitarians to urge the wide dissemination of all available knowledge regarding such procedures.

After carefully reviewing the available scientific data as to the efficiency of various means of chemical and mechanical prophylaxis, the Committee makes the following specific recommendations:

#### THE CHEMICAL AND MECHANICAL PREVENTION OF SYPHILIS AND GONORRHEA <sup>1</sup>

1. Safest method.
  - A. Use a condom of standard type.
  - B. Thoroughly wash the genitals and adjacent parts with soap and water as soon as possible (the sooner the better, but within one hour at most) after removal of the condom.
2. In the absence of a condom.
  - A. Thoroughly wash with soap and hot water as already described.
  - B. After urination, inject 6 cc. of 2 per cent strong protein silver solution, or other efficient, nonirritating germicidal solution into the urethra and hold for five minutes.
  - C. Rub 33 per cent ointment of mild mercurous chloride (calomel ointment) into the genitals and adjacent parts.

#### COMMENT <sup>2</sup>

The habit of cleanliness materially reduces the risk of infection. For the proper application of 2 B and C, skilled attention and use of a syringe are necessary.<sup>3</sup> Prophylactic treatment of this type can be given by physicians, by some clinics, and in prophylactic stations where they exist.

<sup>1</sup> The directions for the prevention of syphilis and gonorrhea apply to the prevention of all other venereal diseases as well.

<sup>2</sup> In this initial report the Committee has purposely avoided going into detail, believing that only general principles should be discussed. In the full report detailed methods will be given at length.

<sup>3</sup> These procedures are applicable chiefly to men; the medical practitioner finds it much more difficult to apply them effectively to women.



The Committee emphasizes the fact that the foregoing suggested preventive measures are not 100 per cent successful. Their efficacy depends first on the reliability of the materials used. A defective condom does not give the same degree of protection as a sound article. The strong protein silver solution or the mild mercurous chloride may not be of the proper strength or may be inactive. Second, washing and application of chemicals may be delayed too long after exposure. Drunkenness may prevent correct application of any of these methods. It may be stated, however, that when these methods are followed correctly they will in the majority of instances prevent infection with syphilis or gonorrhea.

The medical profession and public health agencies, both official and voluntary, bear a heavy responsibility in the matter of the prevention of syphilis and gonorrhea by chemical and mechanical means. Since these methods are efficacious they would, if widely understood and correctly utilized by those who expose themselves to the danger of infection, result in a great diminution of syphilis and gonorrhea and would thereby greatly reduce personal, family and community disasters and the economic losses that result from these infections.

It seems clear, therefore, that health education with regard to syphilis and gonorrhea should include simple, frank and explicit directions as to chemical and mechanical prophylaxis. This information should be included in its proper setting and in appropriate language.

It seems apparent also that, in addition to instructing the public regarding this preventive medical method, civilian, military and naval, medical and health authorities have the obligation to provide the facilities through which chemical and mechanical prophylaxis may be made available when and where needed. The authorities also have the responsibility for preventing the commission of fraud through the sale of worthless products to the public for the prevention of these diseases.

Finally the Committee is impressed with the fact that there are many unsolved and administrative problems within the scope of chemical and mechanical prophylaxis and the provision of adequate facilities for these procedures. It is considered that research in this field should be continued.

# REFERENCES on MEDICAL AND PUBLIC HEALTH ASPECTS OF SOCIAL HYGIENE

## Books

*10 per cent discount to Association members*

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## Pamphlets

Unless otherwise stated, pamphlets are 10 cents each, 80 cents per dozen, \$5.00 per hundred, \$25.00 per thousand. (Single copies free to members upon request—except as otherwise indicated.)

A.S.H.A.

Pub. No.

- 931 *Industrial Aspects of Venereal Disease Control*, James W. Long
- A-46 *Individual Prophylaxis in Theory and Practice*, William F. Snow
- A-87 *The Control of Syphilis in Industry*, Albert E. Russell
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- A-89 *Blood Tests for Syphilis*, Alfred Cohn. 5¢
- A-91 *Gonococcal Vaginitis in Children*, Michael Wishengrad
- A-97 *The Vaginitis Clinic*, R. A. Benson, Arthur Steer
- A-101 *Social Hygiene Nursing Techniques*, Nadine Geitz. 84 p. 25¢
- A-124 *Hidden Costs in Industry*—for employers—popular style
- A-148 *Gonorrhea—Stepchild of Medicine*, Edward L. Keyes
- A-149 *A Study of Syphilis in American Colleges*, Tumbleson and Eunes
- A-170 *Syphilis and Gonococcal Infection in Children*, Walter Clarke
- A-226 *Social Aspects of Syphilis and Gonorrhea*, Mildred E. Hearsey
- A-230 *Some Problems in the Control of Syphilis as a Disease*, J. H. Stokes
- A-243 *Next Steps in Stamping Out Congenital Syphilis*, Mary S. Edwards
- A-246 *The Pharmacist's Role in Combatting Syphilis*, P. F. Geffen
- A-252 *Advances in the Control of Syphilis and Gonorrhea under the provisions of the Venereal Disease Control Act*, R. A. Vonderlehr
- A-272 *The Five Day Treatment for Syphilis*, C. Walter Clarke

For a more comprehensive list of books and pamphlets on social hygiene, and information concerning membership privileges (annual dues \$2.00) write to

**The American Social Hygiene Association**  
1790 Broadway, New York, N. Y.

**An Agreement by the War and Navy Departments, the Federal Security Agency, and State Health Departments on Measures for the Control of the Venereal Diseases in Areas Where Armed Forces or National Defense Employees are Concentrated**<sup>1</sup>

It is recognized that the following services should be developed by State and local health and police authorities in cooperation with the Medical Corps of the United States Army, the Bureau of Medicine and Surgery of the United States Navy, the United States Public Health Service, and interested voluntary organizations:

1. Early diagnosis and adequate treatment by the Army and the Navy of enlisted personnel infected with the venereal diseases.

2. Early diagnosis and treatment of the civilian population by the local health department.

3. When authentic information can be obtained as to the probable source of venereal disease infection of military or naval personnel,<sup>2</sup> the facts will be reported by medical officers of the Army or Navy to the State or local health authorities as may be required. If additional authentic information is available as to extramarital contacts with diseased military or naval personnel during the communicable stage, this should also be reported.

4. All contacts of enlisted men with infected civilians to be reported to the medical officers in charge of the Army and Navy by the local or State health authorities.

5. Recalcitrant infected persons with communicable syphilis or gonorrhea to be forcibly isolated during the period of communicability; in civilian populations, it is the duty of the local health authorities to obtain the assistance of the local police authorities in enforcing such isolation.

6. Decrease as far as possible the opportunities for contacts with infected persons. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State Health Department, the Public Health Service, the Army, and the Navy will cooperate with the local police authorities in repressing prostitution.

7. An aggressive program of education both among enlisted personnel and the civilian population regarding the dangers of the venereal diseases, the methods for preventing these infections, and the steps which should be taken if a person suspects that he is infected.

8. The local police and health authorities, the State Department of Health, the Public Health Service, the Army, and the Navy desire the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures.

<sup>1</sup> Adopted by the Conference of State and Territorial Health Officers, May 7-13, 1940. Reprinted from *Venereal Disease Information*, September, 1940.

<sup>2</sup> Familial contacts with naval patients will not be reported.



# Journal of Social Hygiene

VOL. 26

NOVEMBER, 1940

NO. 8

## Social Hygiene and National Defense. I

### SYPHILIS, GONORRHEA AND THE NATIONAL DEFENSE PROGRAM

WALTER CLARKE, M.D.

*Executive Director, American Social Hygiene Association*

Again in 1940, as in 1917, the United States is faced with the necessity of bringing about, in the shortest time possible, a tremendous increase in its armed forces and in its industrial establishment for the manufacture of arms. Hundreds of thousands of young men will leave their families and communities to go to army cantonments and naval bases for training. Other thousands will travel far to find work in war industries. Everywhere there will be a breaking of home ties and a meeting of new problems, some of them difficult and dangerous ones. For wherever these men are gathered, those who seek to exploit them for gain will follow. And chief among the exploiters will be the procurer and prostitute, spreading disease and disorder among those upon whom our protection depends.

#### *World War Attitudes*

This situation is not a new one. In a letter dated May 26, 1917, and addressed to the governors of the States and the chairmen of the State Councils of Defense, Secretary of War Newton D. Baker wrote:

"I am very anxious to bring to the attention of the State Councils of Defense a matter in which they can be of great service to the War Department. In the training camps already established, large bodies of men, selected primarily from the youth of the country, will be gathered together for a period of intensive discipline and

training. The greater proportion of this force will probably be made up of young men who have not yet become accustomed to contact with either the saloon or the prostitute, and who will be at that plastic and generous period of life when their service to their country should be surrounded by safeguards against temptations to which they are not accustomed.

"Our responsibility in this matter is not open to question. We cannot allow these young men, most of whom will have been drafted to service, to be surrounded by a vicious and demoralizing environment, nor can we leave anything undone which will protect them from unhealthy influences and crude forms of temptation. Not only have we an inescapable responsibility in this matter to the families and communities from which these young men are selected, but, from the standpoint of our duty and our determination to create an efficient army, we are bound, as a military necessity, to do everything in our power to promote the health and conserve the vitality of the men in the training camps. I am determined that our new training camps, as well as the surrounding zones within an effective radius, shall not be places of temptation and peril."

The existence of prostitution creates a major health problem as well as a moral one, as Secretary Baker pointed out. Prostitutes spread syphilis and gonorrhea, and so constitute a serious threat to the effectiveness of the nation's manpower, whether in the armed forces or in the defense industries.

### *World War Losses*

During the World War the combined efforts of the Army, the Navy, the civil health and law enforcement officials, the American Social Hygiene Association and cooperating organizations prevented the huge increase in syphilis and gonorrhea which has accompanied every other war in our history. Due to their efforts, the United States Army achieved the lowest venereal disease rates of any army engaged in the conflict. In spite of this fine record, however, the loss due to these two diseases was very great.

There were 100,000 more new cases of venereal diseases among the United States soldiers than there were wounds in battle.

A total of 6,804,818 days was lost on account of the venereal diseases, equivalent to a year's constant absence from service of almost 19,000 men.

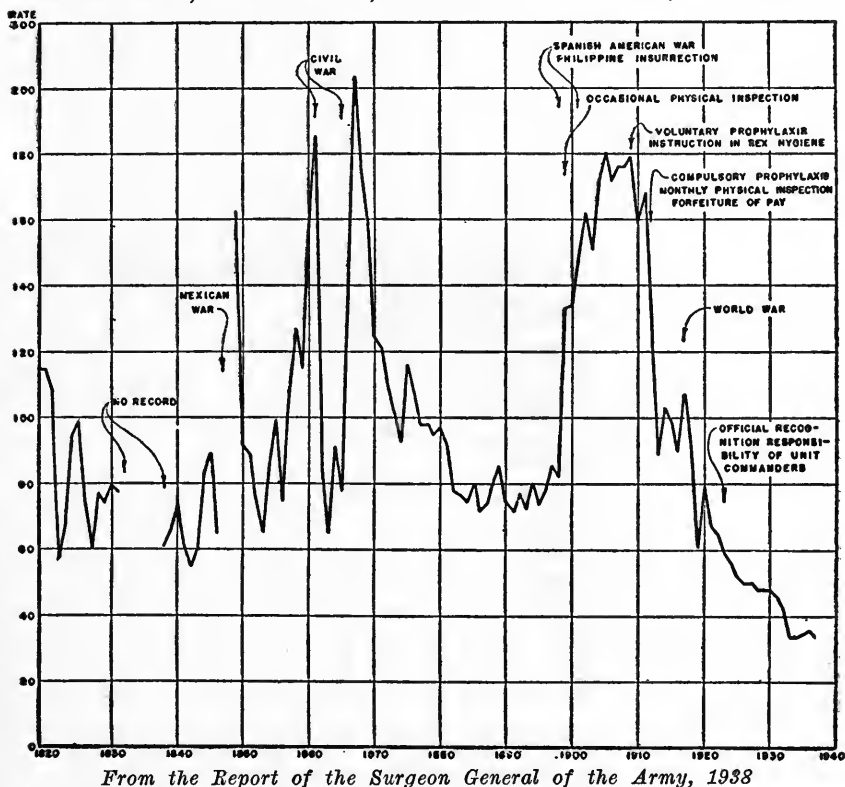
In the Navy and Marine Corps cases of venereal diseases in 1917 and 1918 numbered 57,146 with a total loss of 687,792 days, equivalent to a year's absence from service of nearly 1900 men.

*Still a Major Cause of Non-Effectiveness*

Since the World War syphilis and gonorrhea have remained major causes of non-effectiveness in the armed forces of the United States. The Surgeon General of the Army reported for 1937 more than three times as many non-effective days

FIGURE I

ADMISSIONS TO SICK REPORT, VENEREAL DISEASES, ANNUAL RATES PER 1,000 STRENGTH, UNITED STATES ARMY, SINCE 1819



caused by syphilis and gonorrhea as any other cause. Together they ranked second among the causes of admission to sick report during 1937. The proposed increases in personnel of the Army and Navy will tend to multiply the extent of the problem as it now exists.

*The Present Emergency*

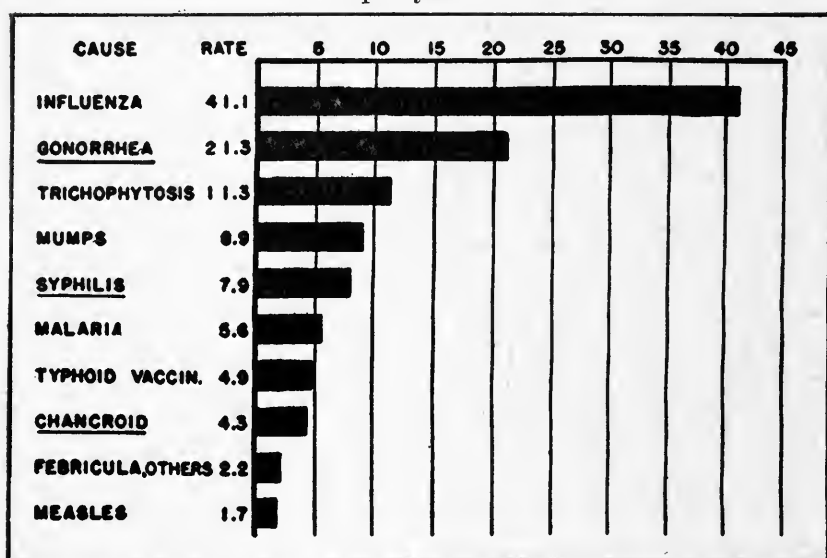
Fortunately the knowledge and experience gained in the World War are available in the present emergency. The

Army, the Navy, the United States Public Health Service, are all convinced of the necessity of combating prostitution and the diseases prostitution spreads. The American Social Hygiene Association, national voluntary agency in this field, has already reestablished its services in relation to this difficult health and social problem involving soldiers, sailors and civilians. During the Winter of 1939-40 investigations of

FIGURE II

GONORRHEA WAS THE SECOND AND SYPHILIS THE FIFTH MOST FREQUENT CAUSE OF SICKNESS IN THE UNITED STATES ARMY IN 1937

Together these diseases constituted 49 cases per 1,000 strength per year.



From the *Report of the Surgeon General of the Army, 1938*. "Principal causes of admission to sick report in the class infectious parasitic diseases, annual rates per 1,000 strength, United States Army, 1937"

prostitution conditions were made in thirty-eight cities and towns in fifteen states and the District of Columbia. These studies show, as might be expected, that the mobilization of Army, Navy, and industrial personnel is inevitably and immediately followed by the mobilization of prostitutes and other underworld characters in the communities adjacent to such places of concentration. State and local health departments, police, courts, welfare and housing authorities, and



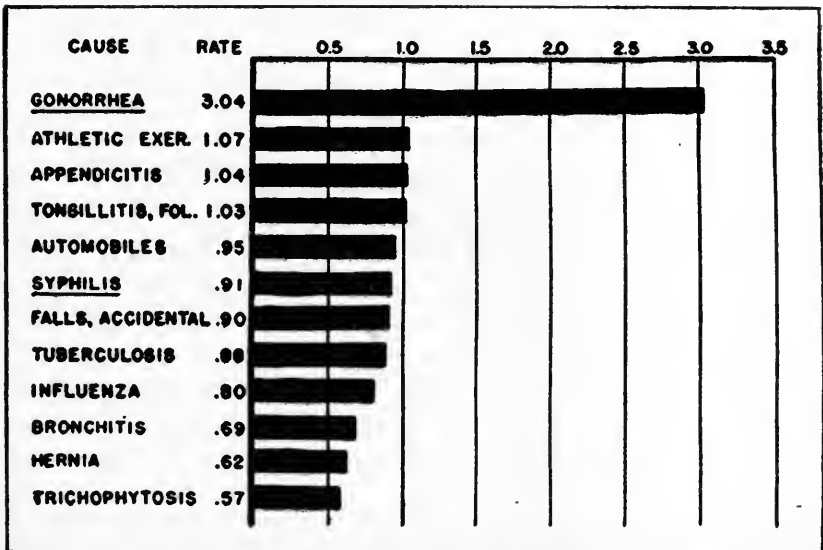
character-building and recreation agencies in these areas are already beginning to be swamped by the problems arising from this situation.

### *Recent Demonstration of Control Methods*

During recent months the Association carried out a demonstration of the effectiveness of recommended control methods.

FIGURE III

GONORRHEA AND SYPHILIS TOGETHER WERE THREE TIMES AS GREAT AS ANY OTHER CAUSE OF NON-EFFECTIVENESS IN THE UNITED STATES ARMY IN 1937



From the *Report of the Surgeon General of the Army, 1938*. "Principal causes of non-effectiveness, annual rates per 1,000 strength, United States Army, 1937"

Late in 1939 the Army began to concentrate large bodies of troops in an area lying in two contiguous Southern States. There was the usual influx of underworld characters and the inevitable rising venereal disease rate among the troops. As these infections in the vast majority of cases were acquired in one or the other of the two cities in the area, there was considerable sentiment in favor of placing these two communities "out of bounds" for the troops. Before taking this drastic step, however, the military authorities invited the American Social Hygiene Association to send a representative to the area for consultation. The latter, on his arrival,

arranged a meeting of the citizens and officials of the two cities and of the military authorities. This meeting resulted in the appointment of a joint committee with members drawn from both groups, to study the problem and make recommendations for action. Recommendations were adopted providing that

(1) All persons, male or female, who were reasonably believed by any health officer of the two cities to be infected with syphilis and gonorrhea and likely to spread their infection, should be examined by such health officer, and, if found to be infected, treated, under quarantine if necessary, to protect the public health; and

(2) In view of the almost universal experience of health authorities that prostitutes as a group are the most highly infected part of the population, it was suggested by the committee and approved by the officials, with the concurrence of the Army, that the existing laws against prostitution be enforced. These recommendations were approved, without change, by both civil and military authorities.

At the suggestion of the Association's representative a new Grand Jury was convened and charged to investigate prostitution conditions and their relation to the spread of the venereal diseases. The Grand Jury summoned to give evidence the Association's representative, city and county officials, the managers of the principal hotels, the heads of the principal taxicab companies, proprietors of camps, doctors, business men and other citizens in a position to know something about conditions in the community. They also reviewed the above-mentioned recommendations of the Committee and gave them their approval.

Acting on the basis of facts brought forward in the course of the Grand Jury investigation, city and county commissioners gave urgent orders to their respective police departments to clean up the area and do it fast. Known prostitutes were arrested and held for examination by the health department. There was an immediate movement on the part of such women to leave the cities involved. Where clean-up activities lagged, the State Governor, upon being appealed to, intervened and through the State Liquor Board suspended or revoked the licenses of a number of resorts whose premises had theretofore been thronged with prostitutes and other promiscuous women in the guise of waitresses or entertainers.

*Results of Demonstration*

The net result of all these activities (undertaken about February 14) was a great exodus of prostitutes and their agents from the area. This improvement in conditions was promptly reflected in the venereal disease rate (annual admission rates per thousand) among the soldiers, which declined in striking fashion, as follows:

	<i>New cases per thousand men</i>
November. . . . .	61.6
December. . . . .	69.7
January. . . . .	65.1
February. . . . .	61.3
March. . . . .	36.2
April. . . . .	32.3

That this accomplishment was a matter of satisfaction to the civil authorities as well as to the military is attested by the following letter addressed by the Mayor of the largest city in the area to the American Social Hygiene Association:

*Gentlemen:*

I wish to express to you the appreciation of the City Government, as well as that of our citizens, for the wonderful work done in our community by your Associate Director, Mr. Bascom Johnson. His advice as well as his ability to determine actual conditions here was of untold benefit to us in clearing up vice conditions and allowing us to meet the requirements of the United States Army of venereal control.

Our community is in a much cleaner, healthful condition as a result of Mr. Johnson's work here and we again thank you most heartily for furnishing us this valuable cooperation.

The history of this undertaking is given in some detail because it brings the subject of the repression of prostitution down to cases. What was accomplished in this area can be duplicated elsewhere, and by similar methods, just as soon as funds are available for the work. Equally dangerous situations exist in many other places. Men are being infected, efficiency impaired, future families endangered, while these conditions continue.

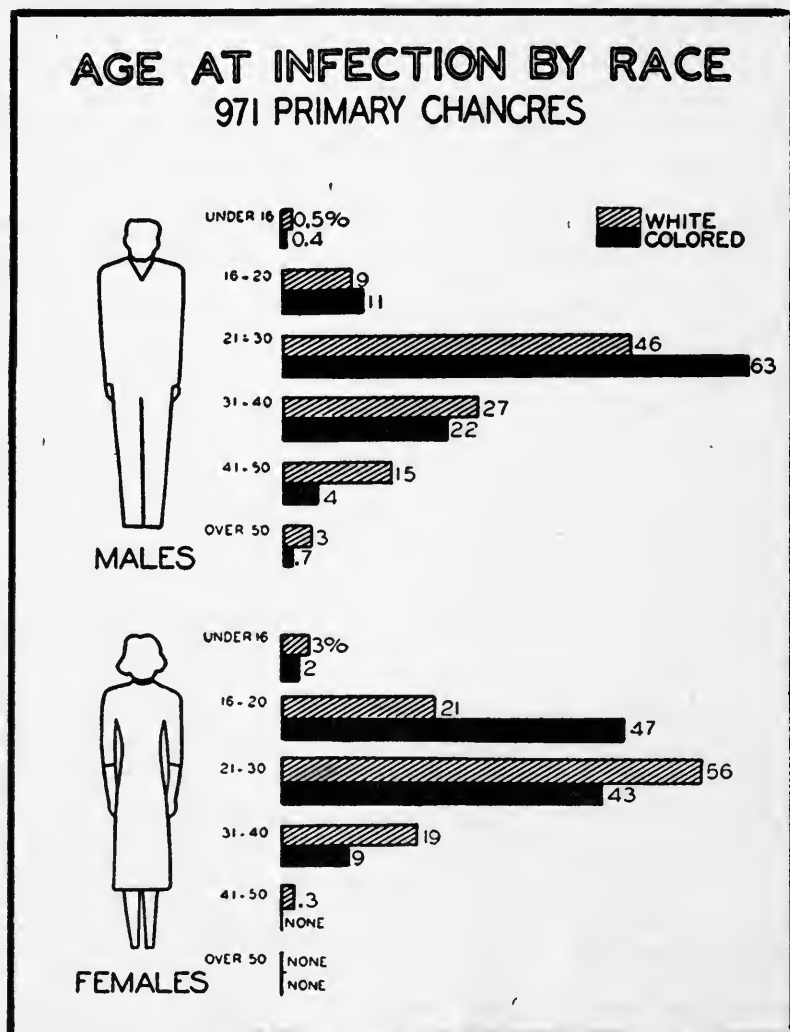
*Responsibility of Private Agencies*

As national mobilization of manpower becomes a fact the problem will of course become much greater. At the

time of the World War the federal government, through its Commissions on Training Camp Activities, aided by the American Social Hygiene Association, took over the responsibility for this work. This may happen again, but in the

FIGURE IV

SYPHILIS IS A DISEASE OF YOUTH. IN A STUDY OF 15,090 CIVILIAN CASES OF EARLY SYPHILIS 64.4 PER CENT OF ALL WERE BETWEEN 16 AND 30 YEARS, 88.3 PER CENT WERE BETWEEN 16 AND 40 YEARS OF AGE AT THE TIME OF INFECTION



*Chart from the American Social Hygiene Association*

meantime many thousands of young men have been brought together for training, more troops are being enlisted, naval quotas are being filled, industries are being expanded. Until the time comes when the government does step in, the situation must be dealt with by qualified private agencies, if men and communities are to be protected from syphilis and gonorrhea.

Fortunately the venereal disease control work carried out through federal-state cooperation during the past two years gives us an initial advantage that we did not have in 1917. But such work is relatively new and limited to diagnosis, treatment, and follow-up phases. The legal protective measures referred to above are most urgently needed in addition, as a means of dealing with prostitution, quackery, and abuse of intoxicating liquor, since it is through these that soldiers, sailors, industrial workers, and other population groups are exploited, with grave consequences to their health and efficiency.

### *Today's Problem*

Here, then, is the problem:

Syphilis and gonorrhea constitute the most serious of all threats to the health and morale of the Army, the Navy, and of those concentrations of workers who man the essential war industries.

Infections among these groups are in turn a threat to the civilian population.

Prostitutes are the principal carriers of these diseases, and the repression of prostitution in civil communities will in itself immediately reduce the number of exposures to infection and consequently the existing health hazard.

The legal authority to deal with this evil exists in the laws against prostitution. Prostitution cannot survive if an informed public opinion demands the enforcement of these laws.

It is up to the communities of the country, the cities and towns and villages, to decide whether they will deal effectively with the situation or accept the consequences to their own people and to the nation.

The danger is not a future possibility but a present reality. The spirochete and the gonococcus are powerful, clever, and versatile opponents. We must fight them today and not wait until tomorrow. This we must do as an essential part of national preparedness.

### *The Plan of Action*

The indicated lines of action which should be undertaken immediately may be grouped under four main headings, as follows:

#### *(1) Legal and Protective Activities:*

*First and most urgent and important, legal and protective measures for the reduction of prostitution and prevention of delinquency in areas of concentration of armed forces and defense industry workers.*

The *first* task here is the gathering of information concerning prostitution conditions in the areas involved; the *second* the organization of official and voluntary forces of the community to support the enforcement of existing laws and the provision of safeguards and preventive measures.

*The results to be expected from such an attack on commercialized prostitution and sex delinquency are:*

- (a) Marked reduction of commercialized prostitution.
- (b) A considerable reduction in the incidence of venereal diseases among the armed forces and the maintenance of low rates.
- (c) Protection of workers in defense industries from the health and moral hazards of flagrant prostitution.
- (d) The general civilian population would share in all these benefits.

#### *(2) Educational Activities:*

The task here is three-fold:

- (a) Aid to the Army and Navy by providing them with educational materials including films, pamphlet literature and exhibits.
- (b) Organized educational programs for industries and the supplying of organizers, lecturers, and informational materials.
- (c) The education of the general public throughout the nation concerning the health hazards of syphilis and gonorrhea and the vital relation between health and military and industrial efficiency.

*The results which can be expected from these activities are:*

- (a) Cooperation of *soldiers and sailors* with the efforts of medical authorities to keep the venereal disease rates low and to protect health and efficiency.
- (b) Cooperation of *workers engaged in defense industries*, in avoidance and prevention of syphilis and gonorrhea.

- (c) *Public support and cooperation* in measures taken by naval, military and civil authorities to reduce to a minimum opportunity for exposure to infection and to provide suitable local facilities for diagnosis and treatment and the prevention of syphilis and gonorrhea.
- (3) *Activities in aid of early disinfection and other preventive measures:*

During the World War early disinfection was an important and effective method of preventing infection in spite of exposure to syphilis and gonorrhea. These procedures are still a part of the efforts of the Army and Navy to keep venereal disease rates as low as possible. Such facilities should also be available under proper conditions in cities and towns frequented by soldiers and sailors and where large numbers of workers in the defense industries are concentrated. Prophylactic stations should provide not only disinfection but also instruction regarding the dangers of infection and advice as to what to do if infected.

*The expected results would be the prevention of a large number of infections and the early diagnosis of those occurring in spite of early disinfection.*

- (4) *Services in relation to diagnosis and treatment, and isolation procedures:*

The military and naval medical authorities will be able to supply these services for soldiers and sailors, but in many places where defense industry workers are concentrated, local facilities will be inadequate to cope with these problems. They will not have the personnel or the organization to carry out the necessary diagnostic, treatment, epidemiological, and case-holding procedures. They will not have the facilities for the necessary isolation of infectious, recalcitrant cases or to care for infected or pregnant girls who may be stranded in these communities.

Assistance will have to be given to such communities in increasing and organizing their resources to enable them to deal effectively with these problems. Expert medical consultants to serve as "trouble shooters" and advisors wherever they are needed should be added to the staff of the national organization, to constitute a highly mobile force to deal with emergencies wherever they arise.

*Results should show a marked improvement in facilities for the medical care and protection of civilians, especially young women and girls, in the areas of military, naval, and industrial concentration.*

It will be seen that this plan is based on the familiar four-fold social hygiene program, pointed up to meet the present emergency,—that is, with the emphasis on health protection at a time when health is of paramount importance. This does not mean in any sense that the national association,

nor its affiliated groups, loses sight of what we sometimes call the long range objectives of social hygiene—sex education, training for marriage and successful family life, the protection of marriage and childhood health through appropriate legislation adequately enforced to prevent the spread of venereal disease in the family.

Such corner-stones of social hygiene remain a firm foundation on which special structures like that now needed may strongly and safely build.

Experience has shown that the plan works. The word is "Forward!"

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### **The President Stresses Health in National Defense**

"Today the need for conservation of health and physical fitness is greater than at any time in the nation's history. . . . The total defense that we have heard so much about of late, that total defense which this nation seeks, involves a great deal more than building airplanes, ships, guns and bombs. . . . We cannot be a strong nation unless we are a healthy nation. And so we must recruit not only men and materials, but also knowledge and science in the service of national strength. . . .

. . . We have recognized the strategic importance of health by the creation of a health and medical committee in the council of national defense itself. That committee has the job of coordinating the health and medical aspects of national preparedness. That committee is assisting the government in the mobilization of the medical and health resources of the country to serve the best interests both of the military and the civilian elements of the nation.

To do this will require the best energies of the professional and technical leadership everywhere in the United States."

FRANKLIN D. ROOSEVELT

*In an address given at the dedication  
of the National Institute of Health,  
Bethesda, Maryland, October 31, 1940.*



## TO SPEED OUR DEFENSES

DOROTHY W. MILLER

*Executive Secretary, Massachusetts Society for Social Hygiene, Boston*

National defense today is uppermost in the mind of every thinking American. Those of us who remember so well what happened in the muddled days of 1917 foresee clearly the disruption of our national life which is in store for us during the coming months as we speed manufacture of battleships and planes and draft the youth of the nation into military service. The machinery of our defense efforts in 1940 is perhaps better lubricated than it was in 1917 and we start all over again with experience on which to lean.

This is especially true of the problems with which a social hygiene agency has to reckon. All the reasons for the existence of a social hygiene association are intensely heightened in war time. We have of course discarded the conception which was common twenty years ago, that social hygiene was a phenomenon born of war-time needs existing primarily to protect the fighting forces from syphilis and gonorrhea. Although there were those who evidently thought, in the words of Surgeon General Parran, that the spirochetes of syphilis were demobilized with the army, this notion has given way during the past few years to a far better popular understanding of the real nature of the genitoinfectious diseases. We do not have to go back to the beginning of time—so far as social hygiene is concerned—to the days when Dr. Snow was as a voice crying in a wilderness. The seeds of his work and the work of pioneers like him have borne good fruit. The country during the last decade has become social hygiene conscious almost to the point of satiety. The task now, while much easier in some ways than it was in 1917, presents problems of selection and method which challenge the best in us of judgment, wisdom and resource.

Dr. Parran recently said :

“For what cause is this nation arming if not on behalf of the men, women and children who compose it? Their physical fitness, their freedom from preventable disease, their morale or mental stamina, will determine almost entirely the effectiveness of all other defense efforts. Important in the easy days of peace without a cloud on the horizon, it is urgent now that the people of this nation be physically tough, mentally sound and morally sound.”

Dr. Parran was speaking of health and medical preparedness in general, but in calling for physical toughness and mental and moral soundness, he might have been sending out another rallying cry to social hygienists, as he did in 1936. Upon the effectiveness of social hygiene education depends to a large extent the cultivation of physical toughness and mental and moral soundness in our people.

What new problems are presented to a social hygiene association by this war-time emergency? No new problems at all, only a multiplication of need and opportunity for extended educational effort. We can rely, I am sure, upon the excellent equipment of army, navy and public health officialdom to take care of the medical needs of the men in service. So far as official thoroughness can go the men and boys who are in uniform will be trained for physical toughness and protected from disease by all the improved medical resources at hand. Official plans of the Army and the Navy as now formulated indicate a tremendous improvement over the regulations enforced in 1917. Syphilis and gonorrhea among the soldiers and sailors will be treated as communicable diseases and not as symptoms of disgrace. There will be no segregation and penalizing of those who are so unfortunate as to become infected.

It is the people who are not in uniform and not under close supervision by the official agencies who must be the special concern of the voluntary social hygiene organization, for upon their physical fitness and mental and moral soundness depends much of the effectiveness of military discipline and physical regimen which will apply to the men in service.

If the control of syphilis and gonorrhea were the only end for which the combined forces of public health and social hygiene are striving, there would still be a big job for the voluntary social hygiene agency to do, no matter how efficient the sanitary operations of the official agencies might be. Conceivably, the entire uniformed personnel of the Army and Navy might, through medical and sanitary supervision, be completely freed from infection, but to keep it free, there would be the reservoirs of infection outside of camp in the civilian population with which to reckon. Dr. Nelson points out that the program for the control of genitoinfectious disease is a "three-point program which provides for finding and controlling infections which have occurred, preventing infection through the proper use of prophylactics by those who *will* risk exposure, and the prevention of infection by improving the sexual behavior of the people." The Army and the Navy are well equipped to handle the first two phases of this program as it pertains to men in service. The public health departments are doing their best to control infections which have occurred in the civilian population, but in the areas surrounding the camps they may need the help of voluntary social hygiene agencies in educating the public and in stimulating the improvement of clinic facilities where they may be needed. As to the third phase of the program, it is definitely up to the voluntary agency if infection is to be prevented by improving the sexual behavior of the people.

In between the first and third phases of this three-point program, as it applies to the civilian population, lies the debatable question of prophylaxis.<sup>1</sup> There are those who claim that because it has produced such ample statistical evidence of workability in the military forces, it could and should be promoted among the civilian population. Carl Warren, in his book *On Your Guard*, employs the figure of a man-eating tiger and argues that the best way to protect one's self from its ferocity is to stay away from it, but that, if such a beast is prowling in the neighborhood, strong barricades should be erected to keep it away from human prey. He says "Avoid exposing yourself where germs are likely to be. That's *Rule No. 1*. If you do risk exposure, protect yourself with a device to exclude them. That's *Rule No. 2*. Once you are exposed, destroy them speedily by disinfection before they do any damage. That's *Rule No. 3*. If you have already been clawed, by all means go to a doctor promptly and save yourself from a worse fate. But is it not wiser to be safe from the start?"

On the other hand, aside from the question as to whether prophylaxis could ever be employed to any great effect by the civilian population, it may very well be argued that the more desirable improvement in sexual behavior will never be attained if people are taught that they may have their sexual pleasure without fear of unhappy consequences.

The late Dr. Hans Zinsser had something to say about prophylaxis in one of the chapters of his wholly delightful book *As I Remember Him*. He had no wish to diminish the efforts of well-meaning people who believe that lessening the fear of infection by sanitary safeguards might weaken sexual restraint, but he does ask the question, after enumerating statistics proving the decreased incidence of syphilis and gonorrhea among soldiers and sailors who used prophylactics, whether it is "more moral or less moral to keep such information from being as widely disseminated as possible."

Even if we, as social hygienists, prefer to advocate continence rather than prophylaxis as a measure of prevention, have we at the same time the right to refuse to make an honest examination of the facts and to offer an impartial explanation of all the pros and cons of the question to the public whom we are trying to educate? I believe that this is a question which should receive very thoughtful consideration, especially in the present emergency when expediency may possibly have to take precedence of principle.

To pick up the thread and go on with the third phase of the three-point program which deals with the "prevention of infection by improving the sexual behavior of the people," the voluntary social hygiene agency accepts the responsibility for this part of the task, but in doing so does not concede that the control of syphilis

<sup>1</sup> For a current view on prophylaxis see "The Chemical and Mechanical Prevention of Syphilis and Gonorrhea" Pub. No. A-286. This statement also appeared in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION for October 8, 1940, and the October issue of VENEREAL DISEASE INFORMATION.

and gonorrhea is by any means the only end for which it works. Public health measures for the control of disease have claimed paramount interest and enthusiasm from professional and layman alike. The voluntary social hygiene agency, however, has constantly struggled with the less tangible and infinitely more difficult task of educating the public on the fundamental subject of sex itself and its proper function and use. The social hygienist believes that men and women need and deserve a better understanding of sex than society has so far been willing to permit or provide. Complex as this problem is in normal times, it is considerably more difficult in war time when ordinary conventional standards are easily broken down and abnormal conditions prevail. The test of the efficacy of any established social hygiene program may very well be the effectiveness with which it is able to function, in a time of unusual strain and stress, as a guiding force or influence in helping bewildered individuals to meet problems of sex in their lives.

Never was there a time when education for marriage and wholesome family life was more needed than now when we are standing on the brink of war and all its resultant upheavals. Never more than now should youth be led to realize the long-term benefits of caution and self control in handling their sex impulses, when the natural temptations of life are greatly increased by deliberate exploitation and by the inevitable breakdown of conventional barriers. I do not mean to say that upon the social hygiene society devolves a herculean task of regulating the sex life of individuals or that the social hygiene society is the only agency equipped to guide the sex behavior of the people. It is the one agency, however, which has specialized in the field of sex education, preparation for marriage and family life and the combating of the various ills which derive from lack of knowledge and misdirection of the sex impulse in human nature. Social hygiene has as its aim the coordination of many forces—home, school, church and social service—to help men and women to clarify for themselves the real meaning and importance of sex, to avoid preventable disasters and to promote wholesome living and happiness so far as is humanly possible.

An educational program which has this aim in mind is more difficult to pursue in war time than in peace and must be geared to a much more rapid development of special needs. In any given territory, where a social hygiene society exists and carries on a regular program, special attention must be given to the localities where needs will be most urgent,—the extra-cantonment zones, the crowded industrial centers and the recreational areas where soldiers and sailors will gather on pleasure bent. There is never enough money or personnel to do a perfect piece of work and a careful selective process should be sought whereby those who need it most may get the benefit of the best of our resources. We must not spread ourselves out too thin.

Needless dissipation of energy may be prevented if educational efforts are concentrated upon professional and community leaders

rather than broadcast to the general public. The mighty problem of prostitution might be tackled with hope of more fruitful results, if some practical and pragmatic educational work could be done with town fathers and commercial interests rather than by aimless and sporadic prostitute-chasing. A Chamber of Commerce or a City Council which have been convinced that an influx of prostitutes into the community will divert the money of the soldiers and sailors from legitimate spending might proceed to act against this threat in a way that would be far more effective in curbing prostitution than belated police activity. Dr. Parran has pointed out that one of the reasons for the failure to continue the war-time efforts of 1917 was the fact that public opinion had not been educated to keep pace with fundamental control measures which the government had at that time the authority to put into operation. The press is no longer bound by the "conspiracy of silence" and if we can avoid "the moralistic or so-called uplift approach to the problem," we may be able to eliminate some of the mistakes of the past.

The question of wholesome recreational outlets for the leisure hours, not only of men in service but also of workers in munition factories, navy yards and all industrial concerns engaged in production of war materials, is one of utmost importance. This should be the concern of all community organizations with the social hygiene agency assuming its proper share in a joint cooperative movement to make the community a safe and wholesome place for recreation and amusement. A practical program which provides attractive diversions which are harmless will have a far better positive effect than a program which seeks only the suppression of harmful influences.

The function of the social hygiene agency is primarily an educational function. If we stick to our established plans for the sex education and guidance of youth in preparation for marriage and parenthood; if we continue to cooperate with the official health departments in promoting popular education on the subject of syphilis and gonorrhea and the improvement of clinic facilities where they may be needed; if we attempt to set in order the vagaries of public opinion concerning the intricate problems of prophylaxis and prostitution; and if we cooperate to the fullest extent in a useful and wholesome recreational program, we can do much to speed the defenses of the country. But our thinking must be clear and swift and our judgment must be objective and realistic. It is no time for beating the air with wasteful motion or for preaching more than we can in all likelihood practice.

In the words of Raymond Gram Swing: "The United States is not at the front in the war, but it is part of it. Our civilization is not national, something to be kept alive within geographic frontiers if it perishes elsewhere. Being behind the front, this country has a special service to perform. It can apply its resources, its devotion, and its intelligence to the social problems which are at issue." He is speaking of our task to strengthen our democracy, but his words can be applied with point to the social problems which come within the more limited scope of a social hygiene program.

## THE RELATION OF THE NATIONAL DEFENSE PROGRAM TO SOCIAL HYGIENE

HARRIET S. CORY, M.D.

*Executive Director, Missouri Social Hygiene Association, St. Louis*

The initiation by the Federal Government of venereal disease control measures for the Army and Navy during the last war awakened this country to the importance also of civilian defense. Except for the few years of enthusiasm following the Armistice and the past decade of activity on the part of the United States Public Health Service the burden of keeping this idea of civilian defense alive throughout the country was assumed by the American Social Hygiene Association and its branches. We approach this period of mobilization, therefore, with the firm conviction that while a cordon of defense may be drawn about our mobilized units, its effectiveness, in a large degree, depends upon standards of health prevailing throughout the community. Furthermore, demobilization, unless it is to be a most disillusioning affair, demands the highest standards of health "back home". With the combined efforts of the United States Public Health Service and the volunteer social hygiene agencies we are better prepared to achieve these standards than at any time in our history.

I should like to call attention to the situation in St. Louis. During the World War the Interdepartmental Social Hygiene Board, through the instigation of Dr. M. F. Engman, provided funds to organize our original Venereal Disease Clinic. The primary object was to attempt to render prostitutes temporarily non-infectious. This was done by forcing all of them to take three doses of arsphenamine at weekly intervals. It was undoubtedly a most efficacious emergency prophylactic measure.

The undesirable aspect of it all was that after the war this organization continued in our midst as our Municipal Venereal Disease Clinic—a makeshift, as most of us realized, but for years it was impossible to arouse any sentiment against it. Finally in 1934 our Association determined that it would make the reorganization of this clinic its major concern. It appointed a Survey Committee to determine the exact situation from every point of view; to ascertain

especially to just what extent all of the accredited hospitals in the city of St. Louis could assume treatment responsibility. Out of the committee's recommendations grew our Venereal Disease Ordinance which took four years to be passed and has now been in operation about eighteen months under the supervision of a health commissioner and staff who are wholeheartedly interested in providing the city with a modern, scientific and adequate program for venereal disease control. I mention this to show that from a successful civilian peace-time accomplishment, the national defense program can and will gather the fruits, for here we have the set-up which can be enlarged through federal appropriations to form a unit for the period of mobilization in a populous section of the country. Here such a unit will be greatly needed by the Army and Navy Departments. Compare it with what the Government had to work with here in 1917!

Because this ordinance is the child of our Association, we shall feel it our duty to keep close watch upon its development and functioning during possible shifting staff and changing circumstances, and one place where we feel that vigilance is needed is in the handling of prostitution. No matter what the changing times may bring, how intimately the problem of defense against venereal disease is bound up with prostitution—we must never retrogress in our attitude toward it by unwittingly giving any soldier or civilian the idea that there can possibly be such a thing as a "safe" prostitute.

Through the years and at the present time our Association insists very strongly upon the understanding that venereal infection is one of the many human diseases and that the only governmental agency which should be concerned with it is the Health and Hospital Division; that prostitution, on the other hand, as a vice or offense, is the concern of the Police Department alone, and is not, and should not in any way be related to the work of the Health Division; that the police are concerned with the prevention and detection of crime, and that citizens should never tolerate the spectacle of police officers presuming to diagnose any kind of disease in the streets. It is clearly illegal for the police to bring women arrested for sex offenses or vagrancy, or for any other reason, to the clinic for examination before trial and conviction. The arrest by the police and clinical examination or treatment of a few hundred known prostitutes, when thousands of clandestine prostitutes are beyond reach by such methods, makes the whole procedure entirely illusory from the point of view of preventing venereal diseases. Even in time of mobilization we feel that this policy toward prostitution is the logical one for the most effective venereal disease control in our own city, and should be adhered to. If an emergency arises due to the concentration of large numbers of men in camps and cantonments calling for emergency measures to clear the environs of undesirable followers, that is the province of the Federal Government. We shall, of course, cooperate with it in its effort toward venereal disease control, but in a civilian community there will be no reduction in venereal infection until health officers recognize that vice and venereal disease are

two separate and distinct social problems; that the treatment of one should in no way be influenced by the existence of the other and that neither is peculiar or limited to one sex only; that the rational approach to a solution of the problem of venereal disease in prostitutes and non-prostitutes is through easily available and adequate treatment when infection occurs, through early and wide education and through the elevation and improvement of the moral attitude toward sex life to prevent the occurrence of venereal infection.

Unfortunately, with the many hasty marriages which are always concomitant with mobilization, there will have to be augmented vigilance on the part of voluntary organizations to safeguard marriage and parenthood. This means that the legislative program which we have mapped out for ourselves will dove-tail into that of national defense. We are cooperating with the Young Men's Division of the Chamber of Commerce in working for a bill, defeated at the last session of the Legislature, requiring a serological blood test of all parties contemplating marriage. Our own bill toward which we are devoting a large part of our energy is the *Baby Health Bill*, requiring a serological blood test for all pregnant women. This campaign may well become a valuable adjunct of the national defense program both on its medical and educational sides. In this connection we are planning to place thousands of posters in washrooms, store windows, and on bulletin boards. We are recruiting new members on our Speakers' Bureau with the primary purpose of arousing the citizens of Missouri to the fact that it is a disgrace for them to have on the state morbidity list a case of congenital syphilis when science has been so lavish in the knowledge it has given us for its prevention. All of these means, as well as our film showings, can be used for bringing to audiences, aggregating thousands of people, the slogans of the National Defense Committee.

But defense must look away from the immediate emergency to the future. Our democratic way of life, our democratic conception of health of body and of attitude for each individual must be strengthened along the line from early childhood to adult maturity. There is no place at which this can be done adequately and continuously on a large scale except the public school. In spite of the progress which has been made in recent years to overcome the reluctance on the part of the schools to assume the responsibility, there still remains an almost unbelievable amount of prejudice and lack of understanding in this department of health and education. Our committee has recently met with various members of the Department of Instruction to attempt to convince them that when we are advocating social hygiene in the schools we are not proposing anything which would add materially to the burden of their budget or call for any new courses in the curriculum except in the two teachers' colleges on *The Principles of Social Hygiene Education*. We are trying to demonstrate that all the material can be absorbed by the courses in such an unobtrusive way that they need have no fear of adverse comments. It is quite possible that the publicity given the whole subject by the national defense program will give our educators



confidence to take action on a subject, the soundness of which is already apparent to them.

I might mention one more item on our program which will contribute to the general advancement of national defense. We are cooperating next month with other organizations of the state under the leadership of the Missouri Welfare League in a state conference on *Children and Delinquency in Missouri*. Since there is no type of delinquency which does not have its social hygiene implications, we expect this meeting to act as a focal point of distribution for plans along venereal disease control and general social hygiene measures throughout the state.

And finally, one of the greatest advantages that grows out of military training is the education which is received by the men in camp along many lines—notably, the importance of venereal disease and methods of its prevention and cure. In fact, if mobilization is pursued with careful planning, the time spent in service may be made one of the most constructive periods in the life of the young men of the nation. There is an opportunity here for a mass demonstration of social hygiene education. Because we consider this so important we are leaving both the general and specific plans to the American Social Hygiene Association which sees the whole responsibility and opportunity in its proper perspective. With it we shall confer and be assigned to our part. This is an important metropolitan location; we shall try to cooperate effectively with both governmental and voluntary agencies in the national defense.

## NATIONAL DEFENSE AND SOCIAL HYGIENE IN UP-STATE NEW YORK

GEORGE J. NELBACH

*Executive Secretary, State Committee on Tuberculosis and Public Health, State Charities Aid Association, New York*

National defense in 1940 finds facilities for the control of syphilis and gonorrhea well advanced, with unprecedented public support available as a foundation for the measures which the military authorities, public health officials, law enforcement agencies and volunteer citizen groups may cooperatively initiate to safeguard military and industrial manpower from venereal diseases, for which mobilization usually provides favorable conditions.

This is the third year of operation of Federal assistance to States in venereal disease control under the LaFollette-Bulwinkle Act for which \$3,000,000, \$5,000,000 and \$6,200,000 have been appropriated

successively. These appropriations were made possible as a result of the extensive campaign of education during the past five years among the civilian population, thereby greatly facilitating military preventive measures today. In up-State New York and elsewhere, diagnostic, treatment and laboratory facilities for syphilis and gonorrhea were never greater. Trained medical and nursing personnel are more readily available in greater numbers, the average physician participates more effectively in diagnostic and treatment procedures and there is no one who will deny that the general public is better informed. Thus it will be seen that any appeal to the public to support extra social hygiene measures as a consequence of national defense should receive prompt endorsement.

The New York State syphilis control program, in which the State Health Department has received the effective cooperation and support of State and Local Committees on Tuberculosis and Public Health, representing the American Social Hygiene Association, was initiated in 1932. A report of progress was made at our Annual Conference in New York City, May 15, 1940, at which Dr. Frank G. Boudreau, Secretary of the Milbank Memorial Fund, presiding at a luncheon session, said:

"From my long experience with the health organization of the League of Nations and in this country, nothing is more important at the present time than to continue and to intensify the campaign against tuberculosis and syphilis and I hope no one will permit his attention to be swayed from the objectives we have in mind, because the fight against these diseases is more important at a time of crisis as a measure of national defense than it is in normal times."

Governor Lehman of New York State, stated the objectives forcibly at the annual Saratoga Conference of Health Officers and Public Health Nurses in June, when he said:

"The prevention of venereal diseases has been a concern of military commanders since even before the last war. It must be a concern of our civil authorities as well. These diseases unless controlled do not limit themselves to any single group. They may appear more frequently in one than in another, but they are not exclusive even in times of deep peace, and tend to indiscriminate spread in times of stress. The mobilization of industry may have a similar effect if it be accompanied by a considerable immigration and concentration. Our industrial leaders are aware of this and of the importance of these diseases in labor turn-over and other costly results of their appearance.

"Back of the discovery of all these diseases, syphilis, gonorrhea, tuberculosis, lies the necessity for ample provision for their proper care and control by the communities from which they come. Men rejected by the army, the navy or industry must not be left to develop and spread their diseases, untreated, uncared for, uncontrolled. In this most important work, which has both peace time and emergency significance, the Public Health officials and nurses of the state must continue to play the leading role."

Immediately, there was a dramatic opportunity for a practical application of protective measures undertaken by official and unofficial agencies in connection with the mobilization of approximately 90,000 National Guardsmen, U. S. regulars, and personnel in the Northern New York area in August. Citizen cooperation began in June with a meeting of the executive committee of the State Committee on Tuberculosis and Public Health, at which Dr. C. C. Pierce

of the U. S. Public Health Service and Dr. William F. Snow of the American Social Hygiene Association outlined protective measures applied during troop movements and encampments in the South last spring to prevent the spread of syphilis and gonorrhea. At the request of Health Commissioner Godfrey of New York, who was present at the meeting, a conference was called at Saratoga Springs the following week to review steps to be taken in the Northern New York encampment area by law enforcement bodies, health officials and unofficial agencies, to protect soldiers and camp personnel from exploitation by prostitutes, subversive commercial entertainment purveyors, bootleggers, and other types of under-world hangers-on.

The writer was invited to meet with this group of officials and to accompany a party which visited the encampment area in early July. Conferences were held with the mayors, chiefs of police, city managers, magistrates of the local courts and with the two principal officers of the State Police about recommended measures for the repression of prostitution. Assurances were readily given by these authorities that they would do their utmost to curb the evil. Meetings were secured at short notice of our Local Associations and other influential citizens in the two counties in which the encampment was to be held. Typical of effective action by these forces are the following resolutions adopted at a meeting of citizens in Watertown on July 18th, called by our Jefferson County Tuberculosis and Public Health Association:

- "1. *Resolved*—that this citizen group go on record as endorsing the intention of the city law enforcement agencies, as expressed at the recent conference of local city officials, with state and federal health authorities, to enforce the closing of houses of prostitution.
- "2. *Resolved*—that this citizen group go on record as being opposed to any extension of the hour of closing establishments dispensing alcoholic beverages while army manoeuvres are in progress, and urges the Alcoholic Beverage Control Board not to accede to any request to do so."

There is no doubt that these preliminary steps proved effective in having the word passed around that subversive elements would not be permitted in the encampment area. Undercover investigation during the period of the encampment and following revealed that there was no problem of serious consequence during the maneuvers. Very few new cases of gonorrhea in the civilian population were reported and none of syphilis, and the final figures when compiled by the army authorities will be most reassuring.

With the establishment of military encampments under the Selective Service Act, State and Local Committees on Tuberculosis and Public Health of the State Charities Aid Association will continue to cooperate in a program of venereal disease prevention and control along the following lines:

- (1) Securing the individual endorsement and assistance of influential citizens.
- (2) Mobilizing public support for the suppression of prostitution.
- (3) Encouraging local governmental and law enforcement bodies to meet their responsibilities fully.

- (4) Stimulating the provision by local health authorities of adequate diagnostic and treatment facilities.
- (5) Continuing vigorously in the promotion of activities for the education of the general public.

It has been pointed out that national preparedness is possible only by national application of all the sciences for the provision of armaments, munitions, supplies, foodstuffs and manpower. It is with the conservation of manpower that our particular field of cooperation and service is concerned. The physical fitness of the soldier, the industrial worker and the civilian,—their morale or mental stamina, their freedom from preventable disease,—will determine to a great degree the effectiveness of all other coordinated defense efforts.

## PROGRAM EMPHASES FOR PREPAREDNESS CONDITIONS

RAY H. EVERETT

*Executive Secretary, Social Hygiene Society of the District of Columbia*

If a community has built up a sound, comprehensive social hygiene program for normal times and has made its practical application a routine matter, that community will need but slight shifts of emphasis to cope with the emergencies involved in present preparedness measures. Certain activities must be stepped up, others must be broadened, and all must be coordinated with the revised and accelerated programs of agencies working in related fields. But, if a social hygiene society has consistently adhered to the four-fold schedule which came to be called the "American Plan" when it operated so successfully in 1917-19 during our nation's preparation for and participation in the First World War, it has a firm base of operations.

Now that the United States, preparing for any eventuality, has embarked on a long range program of training for the armed forces, protection from the inroads of syphilis and gonorrhea and their foremost ally, commercialized prostitution, becomes a matter of immediate concern to all. Great concentrations of young men in or near hundreds of communities accentuate every problem dealt with by social hygiene. The vital need for products of mill and factory requires the safeguarding of industrial manpower; and the produce of our country's myriad farms is so essential to everyone that the bulwarks erected by social hygiene must be thrown about rural as well as urban communities.

The four-fold program, you will recall, includes medical, legal, social-protective, and educational measures. Social hygienists know the various activities in each class but many community programs have emphasized one or two while doing little about the others. Probably the most neglected, locally, of the four has been law enforcement against commercialized prostitution and this is more important than ever at times like the present. As a major disease hazard, prostitution concerns the forces of public health; as a distinct menace to decent and law-abiding community mores it concerns parents, citizen's associations, and the police. As a detriment to property values and a liability to the business men of any section where it is allowed to flourish, it becomes an economic handicap of note. Hence there is no field in which social hygiene should be more vigilant and active than in that of studying local prostitution conditions, informing the public of its dangers, and demanding authoritative action in case the prostitution racket threatens to become an increasing civic nuisance.

A second field wherein social hygiene agencies should apply themselves especially at this time is that of social-protective measures. Many a lonesome rookie on leave will head for the nearest town or city looking for a good time. If our community resources include plenty of opportunities for meeting congenial, fun-loving members of the opposite sex in surroundings where this "good time" can be had—where there are music and dancing, movies, games and other recreational pursuits under reasonable, but not rigid, and friendly supervision, there will be far fewer of the sordid contacts that so often result in a lowering of both the physical and moral fibre of youth. And, lest this sound like "preaching", just figure out the type of community reception you would wish for one of your own boys in case he should be called up for training and step out for a holiday.

In the other two sectors of the program i.e. medical and educational, we must continue to count on the progressive physicians and health officers to deal with the diagnostic and treatment aspects of syphilis and gonorrhea; and we must rely on the home, church and school for the main educational efforts in guiding youth towards the goals of better marriage and parenthood. But we cannot lose any opportunity for stimulating the advance of these efforts. Ours still are the tasks of educating appropriating bodies; of furnishing sound books, pamphlets, posters and movies; of leading discussion groups; of suggesting needed curricular changes; in fact of implementing all the forces working for a cleaner, truer, and more wholesome understanding of life and its reproduction.

In closing may we revert once more to the need for teamwork among all the agencies concerned. In dealing with prostitution, for instance, the police should be concerned with its offenses against law and order while the health officer's direct concern is with its disease-breeding and communicating aspects. Recently a health officer told us he was a "realist" and as such had "no interest in moral problems like prostitution." Later on the conversation swung around to

disease carriers and he related the old story of "Typhoid Mary". "Why", we asked him, "were you interested in restraining the activities of Typhoid Mary but uninterested in stopping those of Spirochete Annie?" The answer still is to come.

## PREVENTING VENEREAL DISEASES IN MILITARY CONCENTRATIONS

C. A. HARPER, M.D.

*State Health Officer, Madison, Wisconsin*

We do not tolerate for a moment the presence among us of such diseases as diphtheria, typhoid fever, cholera, or plague. When they appear, we begin immediately to look for their original source and take measures to prevent them from spreading.

Gonorrhea and syphilis are dangerous, preventable, communicable diseases. When a person has diphtheria, he either dies or recovers within a short time. The same is true of typhoid fever, cholera or smallpox. But persons afflicted with gonorrhea or syphilis neither die nor recover in a short time. They remain ill for a long time. Aside from becoming public charges, they also become dangerous sources of infection to others, and carriers of disease.

Venerel diseases, when they appear in appreciable numbers in military concentrations, interfere seriously with the efficiency of the troops. This is so, just because they do produce prolonged illness. The Army and Navy, therefore, become vitally concerned in the prevention of such infection. Past experience has led to well developed procedures in the services aimed at preventing gonorrhea and syphilis. The military authorities have quite successfully dealt with this problem.

Since time immemorial the sexually promiscuous have followed armies. It is particularly in the nature of things that the commercial prostitute or the sexually promiscuous male or female are highly potential carriers of syphilis and gonorrhea. The very promiscuity with which their favors are dispensed makes them so. Usually their contacts are marked by variety and lack of discrimination. As a group, therefore, they are found in fact to be highly infected.

Can civil authorities successfully collaborate with the military in preventing infection in the troops from this "reservoir of infection"? The answer is "yes". This was convincingly demonstrated

in Wisconsin during the month of August, 1940, when only four cases of gonorrhea were contracted locally in about 60,000 troops, giving the unprecedented low rate of 0.65 case per 1000 men per annum.

Upon what principles can such demonstrations be made?

The *first* necessary principle is the development of permanent, long range programs of venereal disease prevention on a national, state and local basis in health departments.

The *second* principle is equally necessary, namely, the development of a thoroughgoing cooperative program by all health agencies, Federal, State and local, with civil and military authorities. In Wisconsin preparations were made months in advance for the arrival of the troops. Funds were made available from the Venereal Disease Control Act. Preliminary meetings were held with local authorities in the maneuver area; county judges and sheriffs, district attorneys, the mayors and police chiefs of the cities, the provost marshal and sixth corps area surgeon at which health problems were discussed and policies agreed upon in handling expected situations when they arose. Other meetings with these people and state departments such as the Executive office, the Attorney General, the Motor Vehicle Department and the Beverage Tax Division of the State Treasurer's Office were developed. These meetings eventually led to the maneuver area being declared a military zone in accordance with section 143.07 (8) of the Wisconsin statutes relating to venereal diseases and subject to special rules promulgated by the State Board of Health with the approval of the Governor of the State. The statutory provision is as follows: "The State Board of Health may prescribe reasonable rules and regulations for carrying out this section and with the approval of the Governor regulate the presence and conduct of civilians within a designated zone around any military or naval cantonment or trading post".

The administrative features were worked out by the employment of personnel for this period. Central administrative direction, through the district health officer in the area, was organized and his office used as headquarters. In this manner control was developed for all phases of the problem.

We quote from a letter received from the Acting Adjutant General of the Sixth Corps area as follows:

"General Ford has directed me to thank you for your most effective cooperation in formulating plans for control of venereal disease among troops participating in the Second Army Maneuvers held in the Camp McCoy-Camp Williams Area during the month of August, 1940. As a result of the successful operation of your plan, it is believed that the number of cases of venereal disease contracted by troops while in the area is probably the lowest that has ever been recorded in such an assemblage of military forces."

We believe that the greatest effect of this program upon prostitution in all its phases was preventive. This was due, undoubtedly,

to the wide publicity given during the organization of the effort. Organized prostitution did not put in its appearance and clandestine prostitution became exceedingly circumspect.

EDITOR'S NOTE: *The details of plan and results, including the full text of the letter referred to above, we believe will interest JOURNAL readers.*

HEADQUARTERS SIXTH CORPS AREA  
OFFICE OF THE SURGEON  
U. S. POST OFFICE BUILDING  
Chicago, Illinois

September 4, 1940

Dr. E. H. Jorris  
District Health Officer  
State Board of Health  
City Hall  
Sparta, Wisconsin

My dear Dr. Jorris:

In reply to your letter of August 28, 1940, I wish to state that the program of venereal disease control conducted by the Wisconsin State Board of Health during the period of the Second Army Maneuvers, August, 1940, resulted in a low incidence of these diseases such as has probably not been attained in any previous military concentrations of this magnitude.

A total of 59,750 troops were concentrated in the maneuver area with a mean strength for the maneuver period of 32,950. Seventy-eight cases of active venereal disease were admitted to hospital for treatment, yielding a rate of 12.7 per thousand per annum, as compared with a rate of 16.5 for Regular Army troops in the Sixth Corps Area during the first six months of the current year, and a rate of 36 for the entire Army based on figures available for the month of May, 1940, which may be considered an average month.

Of the total of 78 cases admitted to hospital, only four could be definitely traced to infection received in the maneuver area, the balance of 74 cases being attributable to exposure prior to coming to the maneuver area. These four cases give the phenomenally low rate of 0.65 cases per thousand per annum contracted in the maneuver area, which is to be compared with a rate of 65 cases per thousand, (approximately one hundred times greater), in a recent concentration of troops in the south.

Insofar as my office was able to observe, the plan of the Wisconsin State Board of Health worked perfectly; so perfectly, in fact, that nothing can be offered at this time either in the way of criticism or suggestion. Should future concentrations of troops be made in the State of Wisconsin it is urged that the same plan to control these diseases be reported.

It seems desirable to call attention to the fact that the program instituted by the Board of Health was effective not only in controlling venereal disease, but that it also contributed much to the control of motor accidents and by stimulating the interest of various state agencies to the control of other types of disease, notably gastro-intestinal infections.

I wish to take this opportunity to thank you and Dr. Harper, as well as your associates and assistants, who by their cooperation and efforts made the results of this campaign so conspicuously successful.

Very truly yours,  
P. F. GIBSON  
Colonel, Medical Corps Surgeon



## SUMMARY OF VENEREAL DISEASE CONTROL PROGRAM IN MILITARY ZONE

E. H. Jorris, M.D.  
District Health Officer

### ORGANIZATION

The Wisconsin State Board of Health at a special meeting held on July 21, 1940, adopted special rules to meet an emergency in the Army maneuver area for the month of August, 1940. These rules were approved by the Governor, Julius P. Heil, on July 26, 1940, under the provisions of Section 143.07 (8).

On August 1st, at a meeting held in Sparta, Wisconsin, a working plan was evolved:

1. Thirty-one Special Deputy Health Officers were employed and assigned to the local county sheriffs and police officers. These deputy health officers were assigned to the work of enforcing the provisions of the special rules adopted by the State Board of Health. The special deputies reported in writing daily to the District Health Officer at Sparta and consulted with that office when special problems arose.

2. The Wisconsin State Beverage Tax Division, under Chief John W. Roach, in cooperation with the State Board of Health assigned nine investigators to the military zone and its vicinity for the purpose of enforcing regulations regarding the sale of alcoholic beverages and to assist local law enforcement agencies in the eliminating and preventing prostitution. A central office for this force was maintained within the District Office of the State Board of Health at Sparta, and by this means a close working relationship with the State Board of Health was maintained.

3. Two additional stenographers were employed, and the Sparta office kept open on the 24 hour basis so that it might be used as a central clearing house for information throughout the maneuver period.

4. Dr. D. H. Greeley was employed and assigned as Special Deputy to the Sparta office for the period of the military maneuvers to assist in epidemiological investigations.

5. Dr. Milton Trautmann, Venereal Disease Control Officer for the State Board of Health was assigned to the Sparta office for the period of military maneuvers to assist in administrative activities.

6. Miss Glenna G. Walter, Venereal Disease Field Nurse, was assigned to Sparta office for the period of military maneuvers for epidemiological investigations.

### PLAN OF OPERATION

1. Every person arrested and convicted for an act involving moral turpitude or reasonably suspected of having a venereal disease, within or in the vicinity of the military maneuver area, was examined by a local physician for gonorrhea and syphilis. An authorization for payment of a fee of \$2.00 per office visit was made by a representative of the State Board of Health.

2. Treatment for all persons found to be infected with a venereal disease was arranged by a representative of the State Board of Health with a local physician for a fee of \$2.00 per office visit during the month of August. Arsenicals, bismuth and sulfapyridine were furnished by the State Board of Health.

3. In accordance with federal regulations, venereally infected persons who gave an out of state address were released from jail on their signed agreement to report to their local health officer in the town of their residence for treatment. Notification of the local health officer was made through the State Health Department of their home state.

4. Daily reports from the military base hospitals on venereal disease cases contacted by the soldiers in the State of Wisconsin were secured. Each case was personally visited by a representative of the State Board of Health and a description of the source of infection obtained. These sources were investigated and where found, arrested by civil authorities.

5. All women arrested on morals charges or picked up on suspicion of having a venereal disease were interviewed by the venereal disease field nurse and possible contacts investigated. Military medical authorities were notified of contacts occurring between soldiers and prostitutes found to be infected.

6. Trailer permits and taxi-cab permits were issued by sheriffs, police, officers and by their deputies, after investigation of the circumstances.

Total number of trailer permits issued.....	112
Total number of taxi-cab permits issued.....	41
Total number examined for venereal disease.....	66
A. Examinations of suspected cases (not arrested).....	19
B. Examinations of all arrested cases.....	41
1. Convicted for vagrancy.....	21
2. Convicted for prostitution.....	7
3. Convicted for hitchhiking.....	4
4. Convicted for drunkenness.....	1
5. Convicted for keeping disorderly roadhouse.....	2
6. Convicted for lewd and lascivious conduct.....	1
7. Convicted for juvenile delinquency.....	1
8. Held for observation of mental condition.....	1
9. Held under Section 143.07.....	1
(Ceased or refused to take treatment)	
10. Convicted for soliciting.....	1
11. Released on bond, trial pending.....	1
12. Released to parents (juvenile).....	5
13. Released found "not guilty" by jury.....	1
Number found negative to gonorrhea and syphilis.....	56
Number found positive for gonorrhea.....	4
Number found positive for syphilis.....	6
Arrests made by:	
Beverage Tax Inspectors.....	25
Sheriffs and Police Officers.....	12
Special Deputy Health Officers.....	7
District Health Department.....	3
Number of cases of venereal disease reported by the military officials contacted in Wisconsin during maneuver period:	
Syphilis.....	0
Gonorrhea.....	4
Number of cases of venereal disease reported among civilians (excluding arrests) in military area during maneuver period:	
Syphilis.....	0
Gonorrhea.....	1
Other communicable diseases reported by military authorities:	
Measles.....	2
Chickenpox.....	1
Malaria (recurrent type).....	5
Tuberculosis.....	1

The United States Army Medical Authorities kept all cases of venereal diseases strictly isolated in base hospitals at bed rest as soon as the diagnosis was made. They have reported they maintained fifty prophylactic stations throughout their area, but only a few prophylactics were administered.

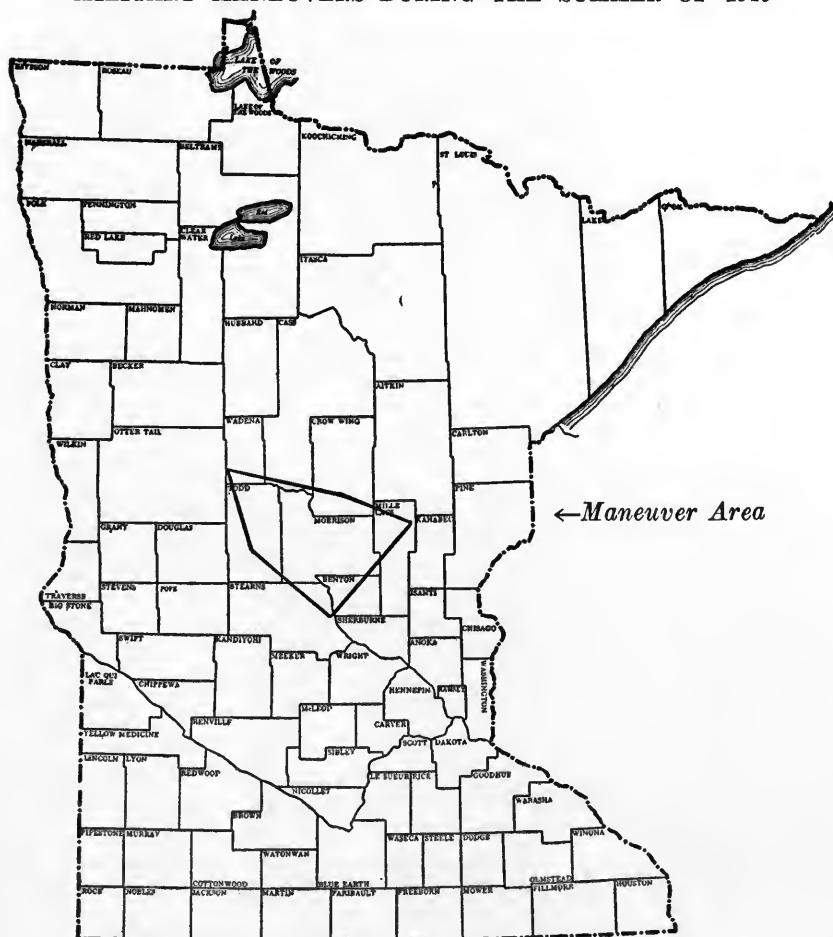
# MINNESOTA VENEREAL DISEASE CONTROL PROGRAM IN CONNECTION WITH MILITARY MANEUVERS

R. R. SULLIVAN, M.D.

*Assistant Director, in Charge Venereal Disease Control, Minnesota  
Department of Health*

Beginning in April, tentative plans were laid for a Cooperative Health Program to meet problems expected to be created by the holding of military maneuvers in Minnesota—representing an influx into a tourist area of an estimated 40,000 troops.

FIGURE I  
MAP OF MINNESOTA, SHOWING TOURIST AREA OCCUPIED BY  
MILITARY MANEUVERS DURING THE SUMMER OF 1940



On July 16, at Little Falls, corps headquarters for the maneuver area, a meeting called by Governor Harold E. Stassen was attended by nearly 100 per cent of the health and law enforcement authorities of the entire maneuver area, in addition to representatives of the military, the United States Public Health Service and State authorities (Health, Liquor Control, Attorney General, Criminal Apprehension, Highway.) The report of the under cover survey made by the American Social Hygiene Association was presented to the group and the Maneuver Health Program outlined and discussed. The meeting was very successful and paved the way for close cooperation throughout the maneuver period. The program in brief:

1. Establishment of branch office of State Department of Health at Little Falls to provide prompt bases of service to the military as well as civilians. Personnel was:

State Venereal Disease Control Officer assigned to Little Falls for the maneuver period (July 16–August 31).

Venereal Disease Epidemiological Worker assigned to maneuver area working out of Little Falls office for same period.

Stenographer—also served Public Health Engineer from Division of Sanitation assigned to area.

2. Provision of special detail of four under-cover agents working throughout maneuver area under supervision of Supt. Rowe of the State Bureau of Criminal Apprehension—their function being to ferret out and assist local authorities in the apprehension of prostitutes.

3. Provision of free diagnostic and treatment facilities for the period July 16–August 31 through the subsidizing of five local health officers located at points selected on the basis of population and troop concentrations.

Sulfapyridine and antisyphilitic drugs were made freely available by the State Board of Health for the subsidized, as well as all other physicians in the area. A hospitalization fund of \$1,500.00 was provided for infectious venereal disease cases where such care was deemed necessary or desirable.

4. Provision of special laboratory service to physicians in maneuver area (service was offered to the military also through Lt. Col. B. Norris, M. C., U. S. Army).

•A. Direct darkfield by Venereal Disease Control Officer in Little Falls office or in the field.

- B. *Gonococcus* smear and culture—by assigning bacteriologist from Division Laboratories—if there were sufficient demand for the service either on part of local physicians or the army medical staff. Culture service was provided in only a few instances because there was not sufficient demand from private physicians and the army did not use it at all, evacuating immediately to base hospital at Fort Snelling all suspected cases of venereal diseases.

5. Survey of all resorts, cabin camps, et cetera, in and near the maneuver area by Division of Hotel Inspection, State Department of Health, names and addresses of all female employees were obtained to prevent influx of “ringers” and the proprietors warned against permitting use of premises for purposes of prostitution. Periodic reinvestigation of suspicious premises was made and pertinent information promptly referred to Venereal Disease Control Officer and under cover agents.

6. Prompt referral through the Corps Surgeon’s office at Venereal Disease Control Officer of all information regarding known or suspected sources of infection to soldiers. Though the Venereal Disease Control Officer had hoped to have an opportunity of interviewing each infected soldier regarding sources and contacts, this was not possible because all suspected cases were immediately evacuated to base hospital at Fort Snelling, 105 miles distant from Little Falls. Army regulations made it necessary to proceed in this manner and a definite diagnosis could not be made by the medical officers in the field.

7. Prompt referral of any significant information obtained by the medical officers at the 62 prophylactic stations in the maneuver area. The regulation army form calling for the name, address of sex partner, and other details was to be filled out whenever the soldier was willing to supply this information. If the same partner or place was named or described by a number of soldiers, this data was to be referred to the Venereal Disease Control Officer through the Corps Surgeon’s office.

Fortunately or unfortunately there were very few prophylactics administered throughout the entire maneuver period and no information of significance was obtained through this channel.

In addition to the facilities enumerated above, provided for through Venereal Disease Control funds, with the exception of the special Survey by the Hotel Inspection Division, special aid was given local law enforcement authorities by the Attorney General’s office and the State Liquor Control Commissioner. Local police departments, added special details for the duration of the maneuvers. Of considerable importance also was the provision by the Army Provost-Marshal, of a cooperative, efficient military police—working closely with local police.

## RESULTS OF THESE ACTIVITIES

## A. Total number of persons examined for venereal disease..... 32

Six only of these were persons arrested as suspected prostitutes, or vagrants. Of these two were found to have gonorrhea, one latent syphilis.

Twenty-six were civilians named as contacts of known cases, treatment delinquents, or reported because of promiscuity.

Eighteen of the 32 were examined by the five cooperating clinicians, the balance by other physicians in the maneuver area.

Three direct darkfields performed by Venereal Disease Control Officer, two positive.

Four gonococcus cultures performed by Division of Preventable Diseases Laboratories.

## B. Total number of new cases treated in maneuver area (excluding soldiers):

Gonorrhea 6—Sulfapyridine supplied by State Board of Health for six.  
(One hospitalized at State Board of Health expense)

Syphilis 6—Free drugs supplied by State Board of Health for two.

Five of the 6 gonorrhea patients treated by cooperating clinicians.

Three of syphilis cases received treatment at free clinic—3 from private physicians other than cooperating clinicians.

## C. Venereal disease cases in military personnel:

1. Number of cases referred from Corps Headquarters to State Department of Health Branch Office, Little Falls, July 16–August 23.

Gonorrhea 17 (included below under heading 2)

Syphilis 0

2. Number of cases reported from base hospital Fort Snelling as occurring in maneuver troops June 1 to date.

Gonorrhea.....	33	Syphilis. ....	2
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National Guard..	11	National Guard..	2
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Regular Army...	22	Regular Army...	0
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3. Number of cases acquired in maneuver area.

Gonorrhea 7 (Source in 2 diagnosed and placed under treatment.  
Examination in 1 pending. Information in 4 inadequate for source follow-up)

Syphilis 0

4. Number of cases in which exposure occurred before leaving home station or en route to maneuver area..... 28

Gonorrhea.....	26	Syphilis.....	2
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5. Number of cases in which exposure occurred in Minnesota but outside maneuver area.

Gonorrhea.....	2	Syphilis.....	0
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## D. Venereal disease cases in civilians occurring in maneuver area during maneuver period.

Gonorrhea.....	6	Syphilis.....	4
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Of these only 3 gonorrhea and 0 syphilis were related in any way to soldiers.

In only 2 (both gonorrhea) were soldiers proven to be the source of infection.

#### E. Law enforcement—relative to prostitution, et cetera.

One arrest and conviction on carnal knowledge (soldier)—first week of maneuvers.

Five arrests of females suspected of being prostitutes first week of maneuver period—(3 convictions on vagrancy, 1 sent to institution, 1 released to home authorities.) All examined for venereal disease.

No further arrests for rest of maneuver period either by local authorities or special detail of four undercover agents working under supervision of State Bureau of Criminal Apprehension.

No houses, resorts, hotels or trailers where prostitutes were available or solicitation permitted could be located in the maneuver area by the special detail referred to above.

Local police authorities tried to enforce state law prohibiting persons under 21 frequenting "3.2 beer dispensing parlors, taverns, etc."—results not known.

State liquor control maintained special detail of investigators in maneuver area throughout maneuver period—no special restriction on soldiers. Emphasis on proper closing hours, proper licenses, et cetera.

#### F. Special Survey—Division of Hotel Inspection—State Department of Health.

2,050 inspections, and investigations made by five inspectors and supervisor of restaurants, hotels, cabin camps, resorts, in the eight counties comprising maneuver area and contiguous territory.

Names of all female employees obtained and information made available to venereal disease control officer at his suggestion, owners warned regarding permitting use of premises for prostitution, solicitation, etc. Available evidence seems to show that this survey together with reinvestigation of suspicious premises was of definite preventive or prophylactic value. See accompanying report by Director.

NOTE: The final over-all report from the 7th Corps Surgeon's office at Omaha will give full tabulated data regarding exact number of troops in the area, number of cases of syphilis and gonorrhea, the rates per 1000 men, the number of venereal disease prophylactics given, etc. However, Lt. Col. B. Norris, Corps Surgeon in Charge of Medical Services during the maneuvers, stated in a letter October 8, 1940:

"There was no undue prevalence of any type of communicable disease; and further, since the completion of the maneuvers with the return of Regular Army troops to home stations and the demobilization of the National Guard troops back to civilian status, there has been no report to this office of venereal infection (subsequent to maneuvers and as a result of infection during maneuvers). Commanders of all echelons had been previously directed to report such infections to this office (Surgeon, Headquarters Seventh Corps Area, Omaha, Nebraska) if and when they had occurred."

It should be understood also that any and all statistics regarding venereal diseases are subject to considerable inaccuracy no matter by whom compiled. I believe it is particularly unwise to draw conclusions in relation to these maneuvers with such a large proportion of the troops (National Guard) returning to civilian life, obviously "cutting the film before the picture has been completed".

It is strikingly obvious from even incomplete information available to us, that no matter what safeguards against venereal diseases are provided through State and local Cooperative Health Programs, considerably greater protection must be afforded the soldier while *en route* from home to training camps or maneuver areas.

## REPORT OF DIVISION OF HOTEL INSPECTION, STATE DEPARTMENT OF HEALTH

Theodore T. Wold, *Director*

An intensive inspection and investigation program was inaugurated in eight counties which were directly affected by the military maneuvers.

Five inspectors, working under a supervisor, were placed in this area to investigate all hotels, restaurants, cabin camps, resorts, etc., as to fire hazard and sanitation and to cooperate with other agencies in the control of the normal influx of transient help.

In our regular inspection work we placed a great deal of stress on the hotel, cabin camp, and resort accommodations as all available rooms, apartments, and buildings that could be converted into living quarters for military officers were hurriedly remodeled to house this increased population. Individual cabins at cabin camps and resorts, which are under our license and supervision, were temporarily taken over by these military people, which placed a strain on the facilities in this territory and necessitated many of our tourists going beyond the area to find accommodations.

Places of refreshment, as well as some of the places having over-night accommodations, which sprang up on a temporary basis, needed very close supervision as to sanitary facilities and became more of a problem than the permanent business in that these temporary places did not have the facilities to comply properly with some of the minimum standards as provided by law. Dish washing facilities we found were not always of the best, and we made definite efforts to enforce the regulation for the proper use of a chlorine solution where hot water facilities were not available.

We carefully checked the registers of all hotels, cabin camps, and resorts to determine the type of patronage the licensee was catering to and to determine whether or not these rooms were available for rental more than once each night. In Minnesota it is necessary at cabin camps and resorts that the operator obtain not only the name of the guest but also the license number of his automobile, and our inspectors carefully checked these records and informed the licensees that such records must be kept correctly.

In all places of business, including taverns and places dispensing liquors and beer, we obtained the names of all female employees to determine the influx of these employees from other areas and warned the operators that the employment of girls who might be in the area for immoral purposes would not be tolerated and that, if we found them to be violating the laws and regulations, they would be subject to revocation of license.

Complete reports were made up on 2,050 licensees and all information kept on file to be used by our Division or other Divisions interested in this work. The reaction to these investigations in the military area was very favorable in that the desired results were produced.



## THE DEFENSE PROGRAM IN ALABAMA AS IT RELATES TO SOCIAL HYGIENE

J. N. BAKER, M.D.

*State Health Officer, Montgomery, Alabama*

The venereal disease problem in Alabama is one of no small proportions. Like most Southern States, there is a large Negro population amounting to almost forty per cent of the total population. The proportion of infected Negroes to infected whites is probably in the ratio of three to one.

### *Existing Conditions for Venereal Disease Control in Alabama.*

At present there are 121 venereal disease clinics in operation in 66 of the 67 counties. Since there is an organized health department in each county in the State, the clinics have the cooperation of the public health officer and nurses, while a secretary carries on the clerical work for the clinics. In all but fifteen of the clinics, the clinicians are private physicians in the county who are treating venereal diseases in their own practice. The fifteen clinics not operated by practicing physicians are manned by the county health officer at the specific request of the local county medical society. All clinics have been supplied with the basic materials necessary for the operation of a reasonably good functioning clinic.

Each clinic is requested to have a treatment session and an examination session. The examination session is held as a separate clinic at the beginning or end of the treatment session, or at a separate time, in order to insure a complete physical examination and that a diagnosis as to the stage or the type of venereal disease has been made before any treatment is instituted. Mimeographed treatment outlines are supplied clinicians for the treatment of the venereal disease whenever such treatment can be so routinized. Mimeographed forms are supplied all patients in an attempt to improve the services of the clinic. Examples of such forms are *What to do before and after arm injections*, and *How to take rubs*. Physicians are paid a small fee for their services in the clinics.

Necessary drugs are supplied free to all clinics and physicians for the treatment of syphilis regardless of the patient's financial status. Drugs for the treatment of gonorrhea and the other venereal diseases are supplied free to clinics only. It should be noted, however, that only indigent and semi-indigent patients are eligible for treatment in the venereal disease clinics.

Four physicians trained in venereal disease control activities are employed to consult and cooperate with clinics and local physicians.

Case-holding and case-finding activities are carried on in varying degrees in all clinics. However, this phase of the work has not been as intensive in the past as it should be. In order to improve this important link in the venereal disease control chain, four specialized venereal disease nurses and a supervisor have been employed. Each specialized nurse is loaned to a county for a period of three to four months in order to demonstrate the feasibility and practicability of these activities. During her sojourn in the county, she becomes a member of the local county health department and demonstrates in the clinic and in the field ways and means by which the local nurse can include venereal disease case-holding and case-finding as a part of her generalized program. All case-holding and case-finding is limited so far as possible to cases and contacts of early syphilis and to cases of gonorrhea and their contacts. The attendance at the venereal disease clinics has increased in most instances one hundred per cent with the introduction of the specialized venereal disease nurse.

A Central Tabulating Unit has been established in Montgomery so that each clinic receives a monthly report on the work done in the clinic. Fifteen and thirty day lapses from treatment can be readily followed.

Educational procedures follow the modern pattern using motion pictures, lantern slides, pamphlets, bulletins and talks before various groups of people.

Prostitution flourishes in Alabama in about the same fashion as it does in any other state. This phase of the problem is probably not any better and it is not any worse than it is in any other section of the country, always excepting isolated areas.

*Defense Measures Taken to Meet the Social Hygiene Problem at Concentrations in Military and Industrial Areas.*

With the increase in the number of soldiers in the four military areas in Alabama, greater cooperation was found to be needed between the military and civilian groups. A visit to the various military posts elicited immediate cooperation. All infected soldiers are queried as to their contacts or possible sources and this information is turned over to the health officer for investigation. Into each of these counties containing or adjacent to a military post and to each county containing a city engaged in war industry, one of the specialized venereal disease nurses is being detailed as rapidly as possible. When necessary a specialized venereal disease officer can also be assigned to take charge of the control program.

The industrial area of Birmingham is served by a well-rounded venereal disease program embracing adequate treatment and case investigation facilities. Alabama has a law requiring all persons infected with a venereal disease to take treatment so that compulsion may be used, although the policy of persuasion is the first choice.

City and county officials in all instances have evidenced a desire to cooperate in every way, whether in the support of health department activities or in the exercise of police powers on prostitution.

*Blood Tests for Registrants.*

Alabama men between the ages of 21 and 35 registering October 16 under the Selective Service Act received a copy of a booklet of information and instruction furnished by the War Department. This contained a one-page leaflet published by the Department of Health, informing them that the Department in cooperation with county health departments and private physicians had made its laboratory facilities available for the blood-testing of all registrants. It urged each man to take advantage of this free service in the interest of his own health and as a means of increasing his military value to the nation.

The leaflet says:

“National preparedness means preparedness on all fronts in a long-range way—civilian as well as military. The most important single factor, constituting a first line of defense, is the health and well-being of the nation’s manpower—its men, its women and its children. The conservation of these human resources is the first concern of Alabama’s Health Department.”

## SUMMARY REPORT OF THE EXECUTIVE DIRECTOR

*American Social Hygiene Association*

July 1 to September 30, 1940

(and statistical summary for first three-quarters of 1940.)

Throughout the year national defense has received the greatest emphasis in the Association’s work. The “8 point program on 48 fronts” has been focused on this sector. Outstanding activities for the third quarter of the year are:

The Association’s Committee on National Defense Activities, Mr. Philip R. Mather, chairman, was appointed in July. The members are Mr. Sewell Avery, Dr. Fred Murphy, Major General Merritte W. Ireland, and Dr. William F. Snow.

A letter from President Wilbur was sent in July to the 150 state and local social hygiene societies concerning defense and social hygiene, urging consideration of action in their own communities.

Preliminary activities for Fifth National Social Hygiene Day, February 5, 1941, have been started; the theme will emphasize Social Hygiene and National Defense. The November JOURNAL OF SOCIAL HYGIENE is to be devoted to national defense.

The Joint Committee on Prophylaxis appointed by the Association and the U.S.P.H.S. has issued a report. Copies of the report are available.

Dr. Snow has conferred with Federal, state and local health authorities and voluntary groups concerned with the health and welfare of mobilized men. Dr. Clarke continued work as a member of the National Research Council Committee on Venereal Disease.

The legal and protective staff has been augmented by two new members—Mr. George Gould and Mr. Thomas Bracken. Dr. Thomas A. Storey, former professor of hygiene at Stanford University, has joined the staff as special consultant on health defense.

A new popular film on gonorrhea is in production. An exhibit of charts and posters on the relation of syphilis and gonorrhea to national defense has been prepared.

Professor M. A. Bigelow, chairman of the National Education Committee, completed a study of venereal disease control education in schools of 15 states, (see October JOURNAL OF SOCIAL HYGIENE, a special number on Schools and Social Hygiene.)

The Quiz Corner at the Fair scored 28,638 tests on syphilis and gonorrhea as of September 30. Sixty per cent of the persons taking the test have requested correct answers and A.S.H.A. and U.S.P.H.S. pamphlets.

New social hygiene committees have been formed in tuberculosis and health associations of: Clinton, Columbia, Franklin, Greene, Madison, Nassau, Ontario, Schoharie, Schuyler, Seneca, Tioga, Washington, Wyoming, and Queens Counties of N. Y. State, and in Fresno, San Mateo, and San Bernardino Counties of California.

Special items: With deep regret we record the death of Donald C. Dougherty, associate director in charge of fund raising activities for nearly four years. Mr. Dougherty died September 8. Mr. Elliot Jensen of Cleveland will join the staff November 1 as associate director in charge of fund raising. Mary S. Edwards, statistician, has joined the staff of the National Council of Mothers and Babies in Washington on September 1. With the rest of the National Health Council agencies, the Association has moved to 1790 Broadway (at 58th Street). The telephone remains unchanged—Circle 5-8000. The room number is 1404.

Statistical Summary: (for the first 3 quarters of 1940.) Officers and staff of the Association aided health officials and voluntary groups in 35 states and 133 communities. 123 releases sent to newspapers. 6,944 clippings noted. 230 film prints sold; 218 rented. 62 exhibits were loaned. Exhibits were prepared for ten large national meetings. 972,132 pamphlets distributed. 4,533 books. 17,643 charts and posters. 157,300 readers of the JOURNAL and NEWS.

## EDITORIAL

### AMERICA'S HEALTH IS AMERICA'S STRENGTH

What makes a nation? We look at the map and see America as so many thousand square miles of land, flanked by the oceans. But land and water do not make a nation; it is the living, thinking people who make a nation and the nation is strong only as they are strong.

Now more than ever we recognize these truths. A new national consciousness grows as the country gathers together the elements of a defense program and the Selective Service Act calls to military training the first draft of young men.

Social hygiene workers realize also that here is a time to consider how far the campaign has advanced and in what direction it must now go. One thing stands out: in the present emergency the full force of social hygiene efforts must be concentrated upon a major purpose—the protection of the health and welfare of the men who are recruited in the Army, Navy and industry, and their civilian associates.

At the same time the long-range social hygiene program must not be permitted to be hopelessly impaired, for disease and lack of knowledge do not end with the completion of military maneuvers. With emphasis on national defense, the “8 point program on 48 fronts” drives steadily toward the ultimate goals of a nation unshadowed by syphilis and gonorrhea, and a people fully informed and protected in the field of social hygiene.

The JOURNAL takes pleasure in presenting in this issue the first of a series on *National Defense and Social Hygiene* which describes outstanding points of the national program in the present emergency, supplemented by contributions of a number of experienced workers.

## NATIONAL EVENTS

**Fifth National Social Hygiene Day to Deal with National Defense.**—As announced in the October JOURNAL and SOCIAL HYGIENE NEWS, *Fifth National Social Hygiene Day*, set for Wednesday, February 5, 1941, will have for its theme Social Hygiene and National Defense. With *Guard against Syphilis—America's Health Is America's Strength* as a slogan, the American Social Hygiene Association, aided by the state and community social hygiene societies, and with the cooperation of hundreds of other national, state and local agencies, is going vigorously ahead with plans for what is expected to be the most extensive and enthusiastic observance of this annual event yet held. As in the four years previous, the main objective is to gain wider education and closer cooperation of the public in the nation-wide campaign against venereal disease. This year the need, and the opportunity for public understanding and support is especially great, as proved beyond doubt in this issue of the JOURNAL.

Five thousand or more conferences and meetings, with numerous radio programs, motion picture showings, and other special events, marked *Fourth National Social Hygiene Day* on February 1, 1940. This year's plans start off even more auspiciously. Five great regional conferences are planned to take place in New York, Philadelphia, St. Louis, Los Angeles, and New Orleans, under the auspices of state and local groups, the Association and the United States Public Health Service cooperating. *Social Hygiene Day* Committees are being formed in many communities to study and remedy conditions, so that February 5 may record action accomplished rather than planned. State Boards of Health, club and church groups, youth organizations and many other agencies are already planning their programs and writing in for *Social Hygiene Day* materials.

These materials, including publicity and program aids, the *Herald of Social Hygiene*, the 1941 cartoon strip, pamphlets, leaflets, pay roll envelope stuffers, and other handy educational devices especially prepared for *Social Hygiene Day*, will be ready early in December. A new folder, *We Face a New Challenge*, reprinted from the October NEWS is already available in quantity lots on request. Watch the JOURNAL and NEWS for further details of programs and materials, and let us know your needs as early as convenient.

**Health and Medical Committee Appointed by President Roosevelt.**—The Council of National Defense will be advised regarding pertinent health and medical questions associated with national defense by the Health and Medical Committee, a medical body newly appointed by President Roosevelt to consider and promote necessary health and medical activities.

It is expected that the Army will enlarge the medical corps in proportion to the enlargement of military forces. Increases contemplated for the near future require the addition of 15 to 16 thousand physicians to the Army's and Navy's medical personnel.

To aid in accomplishing this sudden expansion without weakening essential civilian services is one of the great tasks of the Health and Medical Committee.

Dr. Irvin Abell, chairman of the Committee, is also chairman of the Committee on Medical Preparedness of the American Medical Association. Other members are: Dr. Thomas Parran, Surgeon General of the U.S.P.H.S.; Major General James C. Magee, Surgeon General of the Army; Rear Admiral Ross T. McIntyre, Surgeon General of the Navy; and Dr. Lewis H. Weed, Chairman of the Medical Section of the National Research Council.

**Discoverer of Fever Therapy for Syphilis Dies.**—Dr. Julius Wagner-Jauregg, 1927 Nobel Prize winner for original work in artificial fever therapy and Professor of Psychiatry and Neurology at the University of Vienna for nearly 30 years, died October 1 in Vienna. His age was 83.

Dr. Wagner-Jauregg's discovery of the possibility of fever therapy came as the result of observations made as early as 1887. As an assistant in the Vienna University clinic he observed that cases of paresis frequently showed improvement after an attack of such diseases as pneumonia or typhoid. This led him to study the effect on paresis of various substances that produce a high fever. By 1917 he had hit upon the use of tertian malaria as a fever producing agent.

Dr. Wagner-Jauregg pioneered this new field of exploration in medicine, braving the scepticism of his medical colleagues in early years and living to celebrate in 1937 the first international conference on fever therapy held on his 80th birthday in New York City. In 1937 he received the medal and first award of one thousand dollars from the American Committee on Research in Syphilis.

Before his epoch making medical discovery, general paresis of syphilis ended inevitably in insanity; after him it could be controlled. With his passage goes one of the most gifted and imaginative minds of medical research.

**Elliot Jensen of Cleveland Appointed A.S.H.A. Campaign Manager.**

—Elliot J. Jensen of Cleveland has been appointed to succeed the late Donald C. Dougherty as campaign manager of the National Anti-syphilis Committee of the American Social Hygiene Association. Mr. Jensen will raise funds for the anti-syphilis campaign under the leadership of Philip R. Mather of Boston, campaign chairman and chairman of the Association's Committee on National Defense. One of a very successful group of campaign directors trained by Mr. Dougherty, Mr. Jensen took over his duties on November 1.

Mr. Jensen has been connected with Western Reserve University in a continuous fund raising campaign for the past six years. Upon graduation he was appointed to a position in the office of the president of the University and later assigned to assist Mr. Dougherty who was then managing the fund raising campaign for Western Reserve University.

## NEWS FROM THE 48 FRONTS

*Prepared by the American Social Hygiene Association's Community Service*

**Alabama—Chilton County Health Officer Resigns to do Specialized Work in Syphilis.**—Dr. Samuel D. Sturkie recently resigned his post as Health Officer of Chilton county to go to Charlottesville, Virginia, where he will do work on epidemiology of syphilis. Dr. R. W. Crowell of Miami, Florida, was elected by the County Board of Censors to replace Dr. Sturkie.

**Arizona—Tempe Teachers College Holds Two-Day Conference on Family Relations.**—On October 9 and 10 the Arizona State Teachers College at Tempe sponsored a conference on Family Relations in cooperation with the Valley Guidance Association, the Valley Phi Delta Kappa, the Schoolmen's Club and other local organizations. The conference staff included Dr. Paul Popenoe, director of the Institute of Family Relations, Los Angeles; and Mrs. C. Brooks Fry, and Dr. Roswell H. Johnson, also of the Institute.

**California—Institute of Family Relations Gives Twilight Courses.**—Roswell H. Johnson, director of personal service of the Institute of Family Relations, has announced five courses, given consecutively, consisting of four lectures each, to be given this fall and spring at 607 South Hill Street, Los Angeles. The *Twilight Courses*, so-called because they are given at 5:15 to 6:15 Thursday evenings, will take up the following topics: *Prospective and Actual Fathers of Infants, Temperament Testing, Improvement of Temperament, Sexual Adjustment in Marriage, and Social Adjustment in Marriage.* Other series of lectures are to follow at the completion of these on March 20.

On October 6, fourteen members of the Institute staff spoke before different church meetings. Among the churches visited were the following sects: Methodist, Congregational, Occidental, Presbyterian, and Christian.

**Idaho—Cooperative Body Formed.**—Last year the Idaho Anti-Syphilis Society discontinued its separate existence and joined in the formation of the Public Health Association which is made up of several voluntary health groups. The new Association did not become active until recently but will now carry on all voluntary public health activities in the state. Elmer F. Chaffee of Boise is secretary.

**Illinois—Mid-west Council of P.T.A. Hears Social Hygienist.**—Dr. Bertha Schafer, executive director of the Illinois Social Hygiene League, recently gave a lecture series on sex education and adolescent problems to the Mid-west Council of the P.T.A. at weekly



meetings at the Schubert School Assembly hall in Chicago. The lectures were held each Monday throughout the month of October.

**Michigan—Detroit Social Hygiene Division Issues Monthly Reports.**

—Monthly reports issued by the Social Hygiene Division of the Detroit Department of Health give a statistical report and a discussion on some phase of social hygiene. Discussions in recent reports have included: *Reporting of Syphilis, Program for Prevention of Congenital Syphilis and Analysis of Results, Some Practical Points in the Examination of Contacts to Infectious Venereal Disease, Case Holding Program of the Social Hygiene Clinic*. The reports are issued by Dr. Henry F. Vaughan, Commissioner, Detroit Department of Health; Dr. Loren W. Shaffer, Director of Social Hygiene Division, and Dr. Oscar D. Schwartz, Assistant Director. Dr. Shaffer gave a paper at the annual meeting of the American Public Health Association in Detroit, entitled *Case Finding and Case Holding in the Detroit Syphilis Control Program*.

**Mississippi—Adult Education Teachers Hear Talks on Public Health in Jackson.**

—A series of lectures on public health subjects by state health department members before the State W.P.A. Adult Education Conference at the Mississippi State College was begun August 13. Dr. J. A. Milne, director of county health work, presented the first lecture, *Introduction to Public Health*, and Dr. A. L. Gray, director of preventable disease control talked on *The Syphilis Program*. Other speakers were H. A. Kroeze, Miss Eleanor Hassell, Dr. R. N. Whitfield, Dr. Estelle A. Magiera, Miss Gladys Eyrich and Miss O'Connor George.

**New Jersey—Lectures on Venereal Disease Given for Doctors and Dentists.**

—A lecture and exhibit series on syphilis and other venereal diseases was given in the Newark Health Department Building October 7 to 11, to Essex County physicians and dentists under the auspices of the Health Department Medical Board. Doctors who delivered lectures were J. E. Kiley, Harrison S. Martland, W. L. James, Walter Clarke and Borris A. Kornblith. Dr. Max J. Exner was in charge of the institute.

**New Jersey—New York University Extension Course on Social Hygiene Education Offered in Newark.**

—This Fall Dr. H. F. Kilander, Dean of Panzer College of Physical Education and Hygiene at East Orange, is giving a graduate course on social hygiene for the Division of General Education, New York University Extension Center in Newark. A similar course will be given by Dr. Kilander next semester to seniors at Panzer College.

A postgraduate course in venereal diseases for physicians of Monmouth, Ocean and Middlesex Counties at Fitkin hospital, Neptune, is being held during October and continuing until November 9. The course, sponsored by the Division of Venereal Disease Control

and the New Jersey State Department of Health is being conducted by Dr. John C. Clark of Asbury Park Health Center.

**New York—Rochester's Gonorrhea Campaign First of its Kind.**—

The first campaign against gonorrhea to be held in a major city in the United States was launched by medical and health groups in Rochester early in October. The County Medical Society, the State Department of Health, the Tuberculosis and Health Association and the Rochester Pharmaceutical Association are among the groups backing the movement. Also interested is the University of Rochester Medical School, whose Dr. Charles M. Carpenter is rated as one of the world's leading researchers on gonorrhea.

**Ohio—Cincinnati Society Holds Meeting.**—

At the monthly meeting of the Cincinnati Social Hygiene Society held in the Central Y.M.C.A., October 15, plans were laid for the annual meeting in November. Dr. Carl A. Wilzbach, president, is appointing a special arrangements committee for the event. Dr. Richard W. Weiser reported on the Community Meeting sponsored by the American Social Hygiene Association in Detroit, October 6, telling of the program for protecting the draftees from venereal infection as given by Army, Navy and public health officials at that time.

**Ohio—Cleveland Health Museum Opening Planned for November.**—

Formal opening of the Cleveland Health Museum, will take place on November 12, in the Museum's building at 8811 Euclid Avenue, former home and gift to the Museum of Mrs. Francis F. Prentiss.

The Museum, incorporated and organized with a board of trustees headed by Dr. Lester Taylor and eighteen members, and an advisory council of which Dr. James A. Doull is chairman, was first proposed by the Cleveland Academy of Medicine. Now enrolled as members are over 650 physicians and dentists, and \$35,000 of the proposed \$60,000 for the first year's running expense has been secured.

The Museum has secured as Director Dr. Bruno Gebhard, former curator of the Dresden Health Museum, author and lecturer. Dr. Gebhard was also technical consultant for the medical and public health exhibits at the New York World's Fair.

Ground floor of the building will be devoted to workshops where new exhibits will be created. The first floor will contain permanent exhibits on human biology—*Man's Heart, Man's Brain, Man's Hands*. The second floor will have temporary exhibits on personal and public health including: *Mother and Child, Child Growth and Development, Teeth—Living Tools for Health, Eating and Better Living*, a special exhibit room in which a current problem of public health will be projected and a special exhibit on *Fitness for Defense*. The third floor will have a lecture hall seating three hundred persons, a photographic room, the study collections and a drafting room. Plans are being made to add a

film library of health movies. Admission to the Museum will be free to the public.

**Oklahoma—Clinic Unit Serves Increasing Numbers of Patients.**—Last February the City-State Venereal Disease Clinic was opened in Oklahoma City under a new set-up. The revision was brought about by the demand of various local medical and public health authorities for a modern clinic. From the beginning this up-to-date clinic has maintained high standards and it is hoped they may cooperate with the University of Oklahoma School of Medicine as a teaching unit. The number of patients cared for has steadily increased; to meet the demand facilities have been enlarged and personnel increased.

**Pennsylvania—Harrisburg Social Hygiene Workers Meet.**—An Institute on social hygiene was held in the Civic Club, Harrisburg, October 3. The meeting of representatives of various civic and social agencies was sponsored by the Social Hygiene Committee of the Tuberculosis and Health Society, the bureau of venereal diseases of the State Department of Health and the Erie County Hygiene Association.

Dr. Raymond A. Vonderlehr, assistant surgeon general of the United States Public Health Service spoke at a luncheon meeting which was held in conjunction with the Kiwanis Club.

Bascom Johnson, associate director of the American Social Hygiene Association, was keynote speaker at the dinner meeting, the title of his talk being *Preparedness Menaced by Another Fifth Column—Prostitution*.

Newell W. Edson, secretary of the Erie Social Hygiene Association and educational director of the venereal diseases division of the State Health Department, spoke at the afternoon conference, the theme of which was *Education for Family Life*.

**Pennsylvania—Venereal Disease Exhibit Held at Reading Fair.**—During the week September 9 to 14 the state syphilis clinic in Reading sponsored an exhibit of posters and pamphlets supplied by the American Social Hygiene Association at the Reading Fair. Mr. William McKinney of the state clinic reports that more than 10,000 pieces of literature were distributed at this exhibit, and around 400,000 persons attended the Fair.

**Pennsylvania—Reading and Berks Social Agencies Council Sponsors Social Hygiene Course.**—*Social Hygiene and Human Relationships* is the title of the course which was begun October 3 in Albright College Science Building, under the sponsorship of the Leisure Time and Health Divisions of the Council of Social Agencies of Reading and Berks County. At the opening meeting around thirty social workers, recreation leaders, physical education teachers and nurses had registered for the fifteen evening sessions which

were designed primarily for leaders. Members of the faculty include Dr. C. A. Horn, Dr. M. B. Geil, Dr. M. S. Gretch, Dr. G. A. Deibert, Elizabeth McHose, and Reverend C. E. Kachell.

**Tennessee—Chattanooga Venereal Disease Clinic Has New Chief.**—Dr. Murray C. Brown, formerly in charge of United States Public Health Service venereal disease control work in West Virginia, was recently made assistant to Dr. W. C. Sanford, director of the Chattanooga Health Department, and placed in charge of the venereal disease clinic run by the city at Erlanger Hospital.

## YOUTH NOTES

*Prepared by the Association's Youth Service*

This seems to be a month of listing youth service organizations and compiling directories of social agencies. We have received many lists and books of source material, the latest being a list from the **National Youth Administration** of Michigan giving the names of national and local agencies serving Michigan youth. The **American Social Hygiene Association** is listed in all of the organization bibliographies we have received and in some instances, our activities and available materials have been noted in detail.

The **New York World's Fair** which closed October 27, 1940, brought to an end the **Quiz Corner** in the **Medicine and Public Health Building**, the Association's most popular and useful youth project. In an attempt to find out what the public knows about syphilis and gonorrhea 42,405 tests were given. A large proportion of these tests were taken by youthful visitors at the World's Fair. The exhibit itself was run by N.Y.A. girls under the supervision of the Association's junior staff members.

The close of the **New York Fair** and the **Golden Gate International Exposition** in California also terminated the continuous showing of **With These Weapons**, the Association's syphilis film, which was seen by many thousands of visitors to both these great educational exhibits. Another youth project in the making is the Associa-

tion's new gonorrhea film which we hope will be in the production stage in December. Following the style of **With These Weapons**, the new film will be documentary, about 12 minutes running time, and available in both 16 mm. and 35 mm. prints. . . . At the **Convention of the Associated Lutheran Charities** in St. Louis, October 1-4, the Youth Service had an exhibit on display and a selection of social hygiene pamphlets. . . . Many youth and youth serving groups helped promote the **Association's Community Social Hygiene Meeting in Detroit** including the **Detroit Y.W.C.A.**, the **Y.M.C.A.**, and the **Junior Chamber of Commerce**. . . . The **American Youth Commission** is putting out many interesting news releases, feature articles and pamphlets treating subjects concerned with serving youth. The latest we have seen is an article on vocational guidance by **Frances V. Rummell**. . . . **Defense** activities in helping young civilians, draft registrants, and our future soldiers and sailors to have proper facilities for recreation is taking a major part of our time these months. The whole staff of the **American Social Hygiene Association** is mobilized to help youth find suitable means of recreation and use of leisure time. Youth leaders can help by establishing an appropriate social hygiene program in their communities. If you need advice, do not hesitate to appeal to the **Association's Youth Service**. We are always pleased to aid in any way possible.

## IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

### FIRST DRAFTEES WILL REPORT TO ARMY NOVEMBER 18—WAR OPENED ON SOCIAL DISEASES—DOCTORS PLAN VENEREAL WAR TO HELP ARMY—WAR ON ARMY DISEASES.

These are a few of the headlines which appeared during a month of draft, defense, and army talk. The *Rochester Times-Union* (October 9, 1940) reporting a defense conference of industrial and medical leaders in Rochester quoted Frank W. Lovejoy, president, Eastman Kodak Company saying: "Health protection for America is an essential part of our defense program—as vital as the provision of guns, airplanes and warships. Protecting our armed forces from the menace of venereal diseases is not so much a government function as it is the responsibility of every citizen and community in the United States."

A concerted drive to safeguard military training camps and essential industries from the ravages of venereal disease was launched by the Association this past month through a newly established *Defense Activities Committee*. Following the Association's release of a defense statement, newspapers throughout the country carried stories about the control of venereal diseases in relation to national defense. The Army, Navy, and Public Health Service in a health parley with the American Social Hygiene Association in Detroit set the program of defense activities. The *Detroit Free Press* quoting Lt. Col. George C. Dunham said: "As a soldier contracts his venereal infection in civilian communities, measures to reduce the incidence of venereal diseases in the civilian communities are of paramount importance in protecting the soldiers who visit the communities."

**Sex-For-Sale Hit** heads the *Sparta Sentinel-Leader's* (September 19, 1940) excellent editorial attacking prostitution and supporting the appeal of Doctor Ray Lyman Wilbur for aid in the campaign against venereal diseases. Here's what the *Sentinel-Leader* quotes Doctor Wilbur as saying:

"Prostitution as a racket involving bribery, intimidation and extortion can and must be suppressed. Prostitution as a busi-

ness, including the recruitment and ruthless exploitation of thousands of new girls every year can and should be made so difficult, hazardous and unprofitable by law enforcement that it dies. Commercialized prostitution—injures public health—affords the greatest opportunities for spread of the dangerous communicable diseases, syphilis and gonorrhea. It strikes at the home and family—breeds deceit and disloyalty; degrades the marriage relation; undermines character and self-control of men and women. It exploits young people. For the profit of 'third party' interests, both girls and boys are being mercilessly victimized. It encourages sex delinquency—offers dangerous appeal to youth for play and adventure; promotes sex curiosity and promiscuity. It increases graft—allies itself with other lawless, anti-social forces corrupting susceptible public officers and citizens."

Ray H. Everett, executive secretary, District of Columbia Social Hygiene Society, writing in the *Washington, D. C. Times* (September 30, 1940) about blood tests for draft registrants says, "Thousands of unsuspecting sufferers fail to discover what's wrong with them until the disease has become firmly entrenched. Then the cure is more difficult. That is why physicians and public health workers insist on blood tests as a routine part of all complete physical examinations."

Elliot J. Jensen will succeed the late Donald C. Dougherty as campaign manager of the National Anti-Syphilis Committee. The *Cleveland Press* says "Mr. Jensen, who was a leading student and athlete during his undergraduate days at Western Reserve University, will leave his present position as director of Public Relations in the continuous fund raising program at Reserve on November 1."

"Sees Red Light Areas Menace to United States Health" heads a story in the *Harrisburg, Pennsylvania Patriot* (October 4, 1940) on Major Baseom Johnson's talk before the Harrisburg Social Hygiene Institute. And in Erie, the *Times* reports

Otto G. Hitchcock's appeal for funds in support of the national campaign.

"Doctors At Work" is the title of the sixth annual series of dramatic radio programs to be presented by the American Medical Association and the National Broadcasting Company. The series will open Wednesday, November 13, 10:30 P.M. Eastern Standard Time over NBC Stations and Canadian stations.

With Fifth National Social Hygiene Day not far ahead (February 5, 1941) the Association is planning new publicity materials. This year's kit of *Program and Publicity Aids* will again contain a press book which has been so popular and useful in promoting past Social Hygiene Days. A new *Herald* and a new cartoon strip will be added to the Association's material. A number of stock radio scripts will be

prepared for use during Social Hygiene Day.

Along with Social Hygiene Day our hopes are growing for the *new gonorrhea film* which we plan to release February 5 or shortly thereafter.

We will welcome any suggestions on what local groups need or what you think is the best idea for promoting local programs.

*Clearing House Notes*, a four page bulletin issued by the National Council for Mothers and Babies, Washington, D. C., in its October 21 number on *Some Notes on Prematurity*, emphasizes the importance of syphilis in maternal and child health as follows: *Syphilis is the one cause of premature birth which is absolutely preventable. The methods of prevention are known but inadequately applied.*

## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall within its field and are requested for review for its readers will be considered for review in later issues.*

### PAMPHLETS

- AN INVESTIGATION OF THE PRESENT STATUS OF SOCIAL HYGIENE EDUCATION IN THE MINNESOTA PUBLIC SCHOOLS. William Griffiths. Department of Health, University Campus, Minneapolis. 29 p.
- F.W.A.A. BIBLIOGRAPHIES ON CASE WORK. New York. Family Welfare Association of America. September, 1940. 31 p. 25¢.
- FOR ALL THE PEOPLE. 1939-40 report of the W.P.A. Education and Recreation Program in Philadelphia. 22 p.
- INTERNATIONAL HEALTH DIVISION. The Rockefeller Foundation. Annual Report for 1939. New York. 230 p.
- IT CAN HAPPEN TO YOU. Washington. U. S. Public Health Service, 1940. V.D. Bulletin No. 94. Government Printing Office. 5¢.

### IN THE PERIODICALS

- ARCHIVES OF DERMATOLOGY AND SYPHILOLOGY, September, 1940. *The Spiritual Value of Syphilis*. By Theodore Schroeder, M.D. p. 470-74.
- CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH, WEEKLY BULLETIN. Sacramento, August 17, 1940. *Syphilis Control and the National Defense Program*. p. 117.
- CONNECTICUT HEALTH BULLETIN. State Department of Public Health. Hartford. *Four Years of Premarital Blood Test Law*. By H. P. Talbot, M.D. p. 213-15.
- GEORGIA'S HEALTH. Georgia Department of Public Health, September, 1940. Atlanta. *Physicians, Pharmacists Join Forces to Combat Venereal Diseases*. p. 1.

- HEALTH NEWS, New York State Department of Health. August 19, 1940. Albany. *Is Syphilis Becoming Less Prevalent Upstate?* p. 140-41.
- September 16, 1940. Albany. *Results of Law Requiring Blood Tests for Syphilis During Pregnancy.* p. 155-57.
- HUMAN FERTILITY. August, 1940. Baltimore. *A Cooperative Project in Marriage Counseling.* By E. H. Mudd and Bernice Lundien. p. 121-125.
- HYGIEA. September, 1940. Chicago. *Your Son at Seventeen.* By Paul Popenoe. p. 766-69, 818.
- I.S.A.R.N. BULLETIN. Iowa State Association of Registered Nurses; May, 1940. Des Moines. *The "nurse's approach" in the Venereal Disease Control Program.* By J. P. Sharon, M.D. p. 7-8.
- ILLINOIS HEALTH MESSENGER. State Department of Public Health. Springfield, August 1, 1940. *Prenuptial Blood Tests.* p. 87.
- September 1, 1940. *Short-time Treatment of Syphilis on Trial in Illinois.* p. 94.
- JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. September 7, 1940. Chicago. *Allotment of Federal Funds for Venereal Disease Control.* p. 861-62.
- October 12, 1940. Chicago. *Instruction in Social Hygiene for New York National Guard.* p. 1285.
- JOURNAL OF HOME ECONOMICS. June, 1940. Washington, D. C. *An Approach to Sex Education.* By Eugenia Whitehead. p. 374-77.
- JOURNAL OF THE MISSOURI STATE MEDICAL ASSOCIATION. October, 1940. St. Louis. *Premarital Examination Laws.* By L. D. Cady, M.D. p. 443-47.
- NEW ENGLAND JOURNAL OF MEDICINE. August 22, 1940. Boston. *The Treatment of Gonococcal Infection in Women; a Comparison of the Results With and Without Sulfanilamide Therapy.* By W. M. Brunet, M.D., J. B. Salberg, M.D., and R. A. Koch, M.D. p. 277-79.
- September 19, 1940. *The Interpretation and Reliability of Reports of Serological Tests for Syphilis.* By T. B. Mallory, M.D. p. 441-43.
- *The Public Health Aspects of Syphilis As It Concerns the General Practitioner.* By Thomas Pane, M.D. p. 450-54.
- NEW YORK STATE JOURNAL OF MEDICINE. September 15, 1940. *Syphilis in Industry.* By E. D. Osborne, M.D., H. L. Traenkle, M.D. and F. A. Dolce, M.D. p. 1362-68.
- PENNSYLVANIA'S HEALTH. April, 1940. Pennsylvania Department of Health. Harrisburg. *The Present Status of Premarital Blood Test Laws in Syphilis Control.* p. 5-7.
- *The Private Physician and the Public Health Control of Venereal Disease.* By J. H. Stokes, M.D., p. 24-30.
- UROLOGIC AND CUTANEOUS REVIEW. October, 1940. St. Louis. *A Study of Syphilis in the Eighteenth Century.* By Max Isenberg, M.D. p. 662-66.
- *Race and Resistance to Syphilis.* By Davis Perla, M.D. p. 647-51.
- *The Treatment of Neurosyphilis.* By Israel Kipp, M.D. and A. S. Rose, M.D. p. 659-62.
- VENEREAL DISEASE INFORMATION. U. S. Public Health Service. August, 1940. Washington, D. C. *Resolutions on the Venereal Disease Program Introduced and Adopted by the House of Delegates, June, 1940.* p. 243.
- September, 1940. *An Agreement by the War and Navy Department, the Federal Security Agency, and the State Health Departments on Measures for the Control of Venereal Diseases in Areas where Armed Forces or National Defense Employees are Concentrated.* p. 277.
- *A Common Error in Obtaining Specimens for the Cultural Diagnosis of Gonococcal Infection in Women.* By F. G. Gilliek, M.D., S. E. Sulkin, PH.D., and L. J. Stephens, M.D., p. 288-90.

## ANNOUNCEMENTS

**Last Month.**—Sorry we ran out of the October JOURNAL on *Social Hygiene and The Schools*, but we shall have reprints of the main articles as follows: *The Position of Sex Education in the General Educational System*. Harriet S. Cory, M.D. Pub. A-294. . . . *The School's Responsibility in School Hygiene Education*. Report of New York Statewide Study Committee. Pub. A-290. . . . *Building a Program of Sex Education for the Secondary School*. Lester A. Kirkendall. Pub. A-291. . . . *Health Education Concerning Venereal Disease*. M. A. Bigelow. Pub. A-292. . . . *Social Hygiene Education in High School Biology*. Pub. A-295. . . . *Teaching Family Life Through Arithmetic*. Grace L. Fish. Pub. A-296. . . . *And Next Steps in Sex Education*. Pub. A-297. . . . Ordinarily these would be 5 and 10¢ apiece (some of them free of course), but since so many eager inquirers for the JOURNAL had to be disappointed, we'll make the whole bunch JOURNAL price, 35¢ to you, postpaid.

**This Month.**—We've ordered an extra supply of this timely issue on *Social Hygiene and National Defense* and hope to meet all comers with a prompt response. . . . We shall also have reprints of the articles, especially Dr. Clarke's comprehensive statement on *Syphilis, Gonorrhea and the National Defense Program*. Pub. A-298. . . . 10¢ a copy.

**Next Month.**—So much good material is pressing for publication that we're making the December JOURNAL *Number II* in what may be a series on National Defense problems. . . . Headlined will be the outstanding papers given at the Detroit Community meeting October 6 on the topic *How Can Citizens Help to Protect Soldiers from Gonorrhea and Syphilis*. Speakers were: Rev. Henry Hitt Crane, Detroit; Lieut.-Col. G. C. Dunham, M.D., U. S. Army; Comm. C. S. Stephenson, M.C., U. S. Navy; R. A. Vonderlehr, M.D., Assistant Surgeon General, U.S.P.H.S.; Bascom Johnson, A.S.H.A. *Real help here for your community defense problems.*

**The Social Hygiene Day Number.**—This will come in January—in late December, if the editorial staff can manage it. There will be program outlines for group meetings, radio texts, publicity suggestions and quantities of other valuable and practical *Social Hygiene Day* helps. . . . Just the thing to put in the hands of your club or church leaders or your youth organizations, to insure their interest and cooperation. . . . Special *Social Hygiene Day* price, 15¢, two for 25¢.

**The Social Hygiene Day Folder.**—*We Face A New Challenge*, proclaims the headline of the opening volley of materials for *Fifth National Social Hygiene Day*. . . . Reprinted from the October News, this little folder in patriotic red, white and blue costume tells *why we must meet this challenge*, shows how the "8-Point Program on 48 Fronts" works for national defense, *what you can do to help*, and *what we can do to help you*. . . . Moreover, it's free in quantity lots. . . . Ask for yours now.

**The Social Hygiene Day Kit.**—Publicity and program aids, for *Fifth National Social Hygiene Day*, done up in a trim, specially-made cover . . . will be mailed out around December 1 . . . we hope. . . . Here again we've gone patriotic on our color scheme. . . . The dark blue envelope with the red and white label should keep the kit on top of everybody's desk "musts". . . . As you know, the cost of this collection of materials prevents wide distribution, but we are always glad to place one where it will be of real use. . . . If you're planning a *Social Hygiene Day meeting*, a *newspaper* or *radio campaign*, you need a *Social Hygiene Day kit*. . . . Please ask us early.

**Your Guide to Social Hygiene Day Materials.**—The November News double pictorial number tells you about the new *Social Hygiene Day* materials and lists quantities of *Social Hygiene Day* bargains and *many free items*. . . . Out soon.



# Journal of Social Hygiene

Social Hygiene and National Defense. II.

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Fifth National Social Hygiene Day  
February 5, 1941

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of the American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each. Postage outside the United States and its possessions, 50 cents a year.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

### THE AMERICAN SOCIAL HYGIENE ASSOCIATION

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American Social Hygiene  
Association

1940



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The President of the American Social Hygiene Association confers with the Chairman of the Executive Committee and the three Surgeons General.

*Left to right—Commander C. L. Andrus of the United States Navy, representing the Surgeon General, Major General Magee, Surgeon General of the United States Army, Dr. Ray Lyman Wilbur, Dr. Thomas Parran, Surgeon General of the United States Public Health Service, and Dr. William F. Snow.*  
*November 18, 1940, Washington, D. C.*

# Journal of Social Hygiene

VOL. 26

DECEMBER, 1940

NO. 9

## Social Hygiene and National Defense. II.

### A COMMUNITY PROGRAM

EDITOR'S NOTE: *This number of the JOURNAL OF SOCIAL HYGIENE is the second in a series on **Social Hygiene and National Defense**, planned especially for the interest and aid of state and community groups dealing with the problems discussed. The November JOURNAL, first in the series, presented a national view, supplemented by articles and statements from social hygiene workers and health officials in various sections of the United States. In the present issue, representatives of the United States Army, Navy, Public Health Service, as federal departments of government chiefly concerned, and the American Social Hygiene Association as the national agency heading up voluntary effort in this field, join with a community group in a discussion of civilian responsibility for the health and welfare of the armed forces and defense industrial workers. This program, given before a notable audience of over three hundred persons, is presented here verbatim, both for reader interest, and in the thought that the subject and talks may serve as a pattern for other communities in search of such guidance.*

## HOW CAN CITIZENS HELP TO PROTECT SOLDIERS AND SAILORS FROM SYPHILIS AND GONORRHEA?

A DISCUSSION OF CIVILIAN RESPONSIBILITY, HELD AT DETROIT,  
MICHIGAN, OCTOBER 5, 1940.

PRESIDING: The Reverend Henry Hitt Crane, *Pastor, Central Methodist Church, Detroit.*

Dr. Crane: Ladies and gentlemen, I deeply appreciate the privilege of presiding at such a significant gathering as this community meeting under the auspices of the American Social Hygiene Association. Despite the fact that I am sorely

tempted to make a speech, I shall refrain from doing so, first, because brevity on the part of a presiding officer measures the degree of perfection that he attains, and secondly, because we have such an illustrious list of superbly equipped speakers on this subject that they deserve all the available time. I do desire, however, to congratulate all of us upon being here. The fact that such a goodly company of obviously interested persons could be assembled at such a time as this to consider the various themes announced, is a sign of a new day's dawning in a realm where the night-time of misunderstanding and ignorance has been protracted all too long.

The problems with which we are concerning ourselves this evening have been allowed to go unsolved for several reasons, the chief of which is doubtless the existence of certain fictitious taboos that have precluded the possibility of frank, open, intelligent discussion. It has been said, more or less wisely, that people may be judged and classed by the things they tolerate. What people allow to exist around them in their city or state, unchallenged or unaltered, may be a clear index of their moral and spiritual condition. We of the Twentieth Century may be looked upon by oncoming generations as essentially barbarous at the heart of us because of certain conditions which we have allowed to exist—such as the scandal of the slums, the menace of needless poverty, the national vice of drunkenness, and most of all, the scourge of venereal disease. By the same token, a community's mental health and spiritual well-being may be judged by the number of things against which it rebels. Hence, for us to remain apathetic toward these monumental scourges would indict us terrifically. To rebel intelligently, however, and to insist upon solving these problems, is to render a contribution to our age and to our society which can scarcely be overestimated.

I congratulate you, therefore, on being a part of that growing company which insists upon challenging our social sins and seeking to solve the problems they entail. There are four major steps to be taken in solving any major social problem:

The *first* is to see it clearly.

The *second* is to state it succinctly.

The *third* is to study it assiduously.

And the *fourth* is to solve it satisfactorily.

Interestingly enough, the most difficult of the four steps is the first; to get people to see a problem, to see it clearly, to see it wholly, to see it completely, is desperately hard, for most of us are specialists at the black art of "selective seeing." We have an amazing capacity for blinding ourselves to what we ought to see but do not wish to

look at. Hence, many of the social curses that afflict mankind find their survival powers in the willingness on the part of the great majority of people to ignore the scourge altogether.

We are here tonight with the express purpose of seeing clearly the nature of this problem which has been allowed to exist without due publicity for all too long a time. We trust that the specialists in this field whom we have secured as speakers will likewise state the problem in order that we may more intelligently study it and eventually solve it. I am happy to have the privilege of presenting as the first speaker of the evening Lieutenant Colonel George C. Dunham of the United States Army.

## I. THE PROBLEM FROM THE ARMY VIEWPOINT

GEORGE C. DUNHAM, M.D.

*Lieutenant Colonel, Medical Corps, United States Army*

In order to discuss intelligently the various ways by which citizens can help to protect the soldiers from venereal diseases, there should be first of all a clear understanding of the problem. The task immediately confronting the people of the United States is to provide military training for a large number of young men, and these young men must be protected from venereal disease during this period of training. The question is frequently asked if the prevalence of venereal disease among the troops is sufficient to interfere seriously with training. The answer to that query is that gonorrhea alone causes more absence from duty, that is, greater loss of man days during training, than does any other one disease. When a large number of new and untrained men are inducted into the Army during a short period of time it can be expected that a high disability rate will prevail, unless very effective measures are enforced to control the incidence of venereal disease. During the World War, an average of 4.52 men out of each 1,000 were constantly absent from duty because of venereal diseases. Just how serious this problem is becomes apparent when it is realized that if 4.52 men per 1,000 are absent from duty because of venereal diseases, in an army of one million men approximately 4,500 of them will be constantly incapacitated because of venereal infections.

One can see, then, that from the viewpoint of incapacitating disability alone the venereal diseases will be a menace to the troops in training if adequate measures are not taken to control them. But, factors other than temporary disability of individuals concerned must also be considered. A high prevalence of any disease, including the venereal diseases, impairs the morale of a military organization. A high sick rate interferes with organizational training. The cost of hospitalizing and treating a large number of venereal cases is

**WAR DEPARTMENT  
WASHINGTON**

November 25, 1940

Dr. Ray Lyman Wilbur,  
President, American Social Hygiene Association,  
1790 Broadway,  
New York, New York.

Dear Dr. Wilbur:

As the first contingent of young men are being inducted into service for their year of military training, the War Department is becoming increasingly aware of its responsibility for their health and well-being. In the training camps already established or soon to be established, there will be gathered large numbers of the finest youth of the country who, in their leisure hours will be seeking recreation in communities strange to them, and may find themselves exposed to temptations to which many of them are not accustomed.

In addition to the moral aspect of the matter, the War Department is interested in the prevention of disease among the soldiers as a basic necessity in the creation of an efficient military force.

The American Social Hygiene Association, because of its twenty-five years of activity in the campaign against venereal diseases, and particularly its experience in the first World War, is ideally fitted to aid in this task. The program which early this year you formulated, initiated and carried through in conjunction with the U. S. Public Health Service and the State and local health authorities, rendered a very great service to the Army during the maneuvers of the Regular Army and the National Guard last spring and last summer.

Your assistance is of vital importance in forestalling the dangers of exposure to infection and I sincerely hope, therefore, that you will continue your aid to the military service and that the citizens of the United States will support liberally your efforts.

Sincerely yours,



Secretary of War.



likewise worthy of serious thought on the part of citizens of the United States.

The present policy of the war department is that no men having acute venereal diseases will be inducted into the service. It follows that, except for those few cases which may escape detection at the time of physical examination, all venereal diseases occurring among the troops of the new army will be due to infection acquired subsequent to induction into the service. Venereal diseases differ in one respect from all other infectious diseases that afflict military forces, in that the infection is acquired in civilian communities and not from within the military force itself. The sources of infection of such diseases as measles, influenza, meningitis or dysentery are usually found among the troops concerned. Conversely, every soldier who has venereal disease has necessarily acquired his infection from a source in a civilian community.

In discussing practical measures for the control of venereal disease among troops, the prostitute—professional, clandestine, or amateur—may be considered to be invariably the source of infection. She is always the source of infection where the venereal disease is gonorrhea. It is true that occasionally syphilis may be transmitted by other means, but insofar as the soldier is concerned the other sources may be disregarded.

#### CONTROL OF VENEREAL INFECTIONS IN CIVILIAN COMMUNITIES

Since the soldier contracts his venereal infection in civilian communities, measures to reduce the incidence of venereal diseases in the civilian communities are of paramount importance in protecting the soldiers who visit these communities from venereal diseases. The activities to be undertaken by civilian communities to protect the soldiers from venereal diseases may be summarized as follows:

1. *Reduction in the number of individual sources of venereal infection.*
  - a. Venereal disease clinics, and case finding services, for the early detection, diagnosis, and treatment of persons having venereal diseases.
  - b. Control of prostitution by law enforcement authorities assisted by local public health agencies and organizations such as the American Social Hygiene Association, concerned with the control of venereal diseases.
2. *Measures tending to minimize association between soldiers and prostitutes.*
  - a. Supervised recreation for visiting soldiers, such as sports, theatres, dances, etcetera.

If these activities are to succeed in their purpose they must have the support of the citizens of the community, and this support must be well organized and continuous. It is essential to the success of a venereal disease control program that civic organizations and groups, such as chambers of commerce, rotary clubs, voluntary wel-

fare organizations and religious bodies, demand action along these lines and give their whole-hearted support to the work after it is established and under way. One of the greatest difficulties in the prosecution of activities of this character is that the initial burst of enthusiasm on the part of the citizens of the community is all too frequently followed by lack of interest, and failure to support the work after it has been started.

### VENEREAL DISEASE CLINICS

The venereal disease clinic is the foundation of venereal disease control. In order to reduce the prevalence of venereal disease in a community, all persons having a venereal disease must be found and rendered non-infectious by treatment before they have the opportunity to transmit their infection to others. Early detection, accurate diagnosis, and proper treatment is a fundamental principle of venereal disease control.

There is one very important function of a venereal disease clinic that should receive your consideration, and that is case finding. Concisely stated, every person having a venereal disease received his or her infection from another case and he or she may have transmitted it to other persons prior to detection. Whenever a person having a venereal disease is reported to a clinic, either voluntarily or otherwise, a study should be made to determine from whom the infection was acquired and to locate persons to whom the infection might have been transmitted so that they too may receive adequate treatment. Trained social workers, and trained public health nurses, can do a great deal to accomplish results along this line, and it is obvious how important these results are in reducing to a minimum the potential sources of venereal infection in a community.

Persons having gonorrhea or syphilis can be rendered non-infectious by treatment in a relatively short period of time. On the other hand, those who are not properly treated remain infectious and are quite apt to transmit their infection to many other people. Case finding and treatment play an exceedingly important role in the control of venereal diseases.

### CONTROL OF PROSTITUTION

Prostitution has existed for ages, and will be practised long after the present crisis has passed into history. Prostitutes have always followed armies and today they still tend to flock to the vicinity of large military centers. The control of prostitution in civilian communities is a most important factor in minimizing the prevalence of venereal diseases among the young men who are inducted into the Army of the United States. Military authority has no jurisdiction in the control of disease outside the boundaries of a military reservation. Consequently, the control of prostitution as it occurs in civilian communities is entirely a matter for civilian authorities, and not for the Army. No one expects to eliminate prostitution, but a great deal can be done to protect the soldier from prostitutes, more particularly the prostitute infected with venereal disease. How well

this job will be done during the current emergency depends entirely upon the efforts of the citizens of the civilian communities.

During the last World War, American troops were trained in divisional cantonments. Around these cantonments the federal government established relatively narrow extra-cantonment zones within which the Federal government, through the U. S. Public Health Service, exercised control over such health matters as the control of venereal diseases. In those days all troops moved on foot and did not cover long distances during the process of training. Limited means of transportation made it difficult for the soldier to wander far from the military reservation. Consequently the control of prostitution, as we see it today, was a relatively simple matter. But times have changed. Motorized and mechanized troops can travel rapidly for long distances. Training in military tactics involving the use of large bodies of motorized and mechanized troops requires far greater space than that of the ordinary military reservation. This means that troops operate over territory encompassing at times several counties, as compared with relatively small cantonment areas of the World War.

Soldiers can travel for considerable distances during their off duty hours. Buses, taxi cabs, or rented and privately owned motor cars will carry them far from their barracks. During the first World War it was necessary to consider the control of prostitution only in the towns and villages adjacent to the cantonment. Today, efforts along this line must be spread in all communities which can be reached by soldiers stationed within a training area.

Readily available means of transportation also render it easy for prostitutes to reach the vicinity of training areas and to operate in the towns and areas surrounding these areas without detection. Actually, prostitution has been motorized. Experience gained during the recent maneuvers of the Regular Army and the National Guard has shown that great difficulty can be expected in preventing transient prostitutes from frequenting towns and villages in or near the training area.

Young men who enter the Army come from all walks of life. Some come from large cities, others from small towns, villages or rural homes. The great majority of them have lived among neighbors and friends whose good opinion they respect and desire. They have been subject to social inhibitions which tend to prevent them from associating with girls of questionable character. The removal of these young men from their homes, and from contact with their lifelong friends and neighbors, to a training camp, has a psychological effect which in many instances produces marked changes in conduct and habit. They have been drawn into a strange world and are free to a very considerable extent from the restraining influence of home ties. No longer need they fear the criticisms of relatives and friends should they deviate from the accepted social code.

The United States Public Health Service serves as a liaison agency between the military authorities of the training areas and the state,

county and municipal health authorities. It is understood that usually an officer of the U. S. Public Health Service will be stationed in the vicinity of the training areas to advise and assist both the local civilian and military health authorities in the control of venereal diseases. However, these agencies, in order to obtain worth while results in the control of prostitution, and in the establishment and operation of venereal disease clinics, must have the support of the citizens of the community concerned.

Soldiers cannot be restricted to a camp area, but must be permitted during off duty hours to visit and seek recreation in civilian communities. To do otherwise would seriously impair morale and impede the progress of training. By far the greater proportion of the young men who are taken into the Army for training purposes have had reasonably good social training in schools and in their homes. Ordinarily they will not deliberately seek out prostitutes. But it is to be remembered that the sexual urge is at its strongest in this age group, and that a certain number of soldiers will endeavor from time to time to find prostitutes. If solicitation by prostitutes is permitted, or if the location of houses of prostitution is of general knowledge among the soldiers, the association of the soldiers with prostitutes will be enormously increased. The control of prostitution is therefore largely a matter of preventing soliciting, preventing prostitutes from visiting cafes, honky tonks, road houses and similar places where they would have the opportunity to meet soldiers. Such control must be established and maintained by civilian authorities. The Army has no jurisdiction over such places. It is true that a road house or a cafe could be placed out of bounds for soldiers by the military police, but it is obvious that such action is not practicable where any considerable number of places are involved.

Certain very definite measures are taken by the Army to control venereal disease among the soldiers. Every effort is made to provide recreation, sports and interesting pastime activities for the troops. Every soldier is given periodic instruction regarding venereal diseases. When a soldier contracts a venereal disease, he is penalized by loss of pay while absent from duty. Places are established where soldiers may receive venereal prophylaxis, that is, early treatment, when he has exposed himself to venereal disease. However, because of the ready availability of rapid transportation soldiers can travel for long distances from their training camps during off duty hours and, obviously, it is impossible to establish venereal prophylactic stations in all civilian communities that might be visited by soldiers. Consequently, a soldier is not punished for not taking prophylactic treatment subsequent to exposure to venereal disease. However, should he acquire a venereal disease, he is subject to punishment if he does not immediately report to the surgeon of his command. This latter requirement is enforced so that he will receive early and adequate treatment and will not be able to spread infection in civilian communities.

The question presented here is "How can citizens help to protect the soldiers against syphilis and gonorrhea?" Citizens can do a

great deal to help protect the soldiers from venereal diseases. As a matter of fact, whether or not the soldiers are to be protected against these infections will depend upon the citizens of the communities adjacent to the camps and areas where these men are to be trained. To do this, the citizens as individuals and as members of organized groups, must stimulate public opinion to support health agencies and law enforcement authorities in their efforts to control venereal diseases in their respective communities. Public opinion must be moulded and directed. The local press must be aided in its efforts to help in this work. All matters concerned with the control of venereal diseases can now be discussed openly and frankly in the public press and over the radio, thanks to the efforts of Surgeon General Parran and the various State Departments of Health. There is no need to mince words or to pursue hidden and devious channels. Citizens and civic groups can do much to remove any lingering opposition to that free, open and frank discussion of syphilis and gonorrhea which is necessary if soldiers are to be protected from these diseases.

It is reiterated and strongly emphasized that any campaign to control venereal disease in a civilian community near a military camp must be organized and carried on continuously in a steady, energetic manner. It is a demonstrated and proven fact, not a theory, that any dispersion or waste of effort, relaxation of pressure, or thought or feeling that the job is finished will be followed by an immediate increase in the number of prostitutes and the consequent increase in the venereal disease cases among the soldiers.

The citizens of every community concerned with the problem want action and they want results. If they are to get action and results they must have organization and leadership. In other words, and in the current slang, they must be a "spark plug" to start the campaign to control venereal disease, and to keep it going. It is suggested that one way to do this would be to form a committee in each community, some of the functions of which would be to coordinate the activities of all civic groups interested in the control of venereal disease, to stimulate continued effort and to secure favorable publicity. But whatever approach may be employed in attacking this most important civic problem, citizens can, by well organized and properly directed efforts, provide protection against venereal diseases for the soldiers of the Army of the United States.

DR. CRANE: Thank you very much, Colonel Dunham. We are now to have a further elaboration of this particular theme by Commander Charles S. Stephenson of the United States Navy. Commander Stephenson is in charge of the Navy's Division of Preventive Medicine, Bureau of Medicine and Surgery, and he has had wide experience in medicine and in the public health of our naval forces. I am happy to present Commander Stephenson.

## II. FROM THE VIEWPOINT OF THE NAVY

COMMANDER CHARLES S. STEPHENSON (MC)  
UNITED STATES NAVY

*In charge, Division of Preventive Medicine, Bureau of Medicine and Surgery,  
Navy Department.*

Thomas Huxley once summed up the scientific creed in a single sentence: "God give me strength to face a fact though it slay me."<sup>1</sup>

The fact that must be faced is that our Nation must bring about in the shortest possible time a great increase in its armed forces. The manufacture of equipment necessary for our National Defense will require enlargement of existing industrial establishments and the creation of new industries. This combined effort will mean the largest movement of population in our history. This rearrangement of population will create many health and social problems. The greatest single health problem today is syphilis and the most troublesome social problem is prostitution. These problems concern both the military forces and the civilian community.

The military medical officer cannot single out any one disease for his attack but must concentrate on the whole field of venereal disease.

From whatever viewpoint considered, the venereal diseases present the largest preventive medicine problem confronting the military surgeon. They surpass in magnitude and administrative significance all other communicable diseases.

From January 1, 1900, to September 23, 1940, nearly 41 years, there have been 4,525,580 person-years in the Navy, and they have accounted for 488,233 original admissions to the sick list with the venereal diseases. Of this number, 80,142 were for syphilis, 290,292 for gonorrhea, and 100,081 for chancroid.

*Table I* shows the man strength, admissions, admission rates per 1,000, and noneffective ratios per 1,000 for venereal diseases in the

41-year period 1900-1940. The marked increase in the admission rate for 1909 has been attributed to a change in policy in that year. Prior to 1909 men were not admitted to the sick list for venereal

TABLE I.

VENEREAL DISEASES, U. S. NAVY, 1900-1940—MEAN STRENGTHS, ADMISSIONS, ADMISSION RATES, AND NONEFFECTIVE RATIOS PER 1,000

<i>Year</i>	<i>Average strength</i>	<i>Admissions</i>	<i>Admission rate per 1,000</i>	<i>Noneffective ratios per 1,000</i>
1900.....	23,756	1,723	72.53	6.12
1901.....	26,873	1,942	72.27	5.63
1902.....	31,240	2,205	70.58	5.31
1903.....	37,248	3,070	82.42	5.87
1904.....	40,555	3,905	96.29	5.70
1905.....	41,313	4,353	105.37	5.50
1906.....	42,529	5,364	126.13	5.94
1907.....	46,336	4,499	97.10	4.50
1908.....	52,913	5,388	101.83	4.17
1909.....	57,172	11,064	193.52	6.68
1910.....	58,340	11,469	196.59	6.48
1911.....	61,399	11,271	183.57	7.29
1912.....	61,897	10,580	170.93	6.54
1913.....	65,926	9,434	143.10	5.88
1914.....	67,141	10,932	162.82	5.84
1915.....	68,075	10,318	151.57	6.08
1916.....	69,294	10,261	148.08	6.56
1917.....	245,580	21,786	88.71	2.58
1918.....	503,792	35,364	70.20	2.50
1919.....	298,774	33,350	111.62	5.12
1920.....	140,773	17,763	126.18	4.66
1921.....	148,861	17,871	120.05	4.60
1922.....	122,126	15,554	127.36	4.96
1923.....	116,565	14,376	123.33	5.06
1924.....	119,280	16,409	137.57	4.94
1925.....	115,391	14,604	126.56	4.47
1926.....	113,756	13,516	118.82	4.44
1927.....	115,316	15,253	132.27	4.72
1928.....	116,047	14,403	124.11	4.63
1929.....	117,388	14,968	127.51	4.76
1930.....	117,453	15,728	133.91	5.15
1931.....	112,767	15,425	136.79	5.29
1932.....	110,717	14,794	133.62	4.74
1933.....	108,183	11,083	102.45	4.52
1934.....	109,383	9,875	90.28	4.18
1935.....	114,188	8,530	74.70	3.68
1936.....	124,408	8,148	65.49	3.49
1937.....	132,855	8,490	63.90	3.18
1938.....	139,216	10,782	77.45	2.85
1939.....	149,618	12,847	85.87	2.87
1940 <sup>1</sup> .....	181,136	9,532	71.87	1.82
<i>Total</i> .....	4,525,580 <sup>2</sup>	488,233	107.88 <sup>3</sup>	4.33 <sup>3</sup>

<sup>1</sup> Up to and including Sept. 23, 1940.

<sup>2</sup> Person-years.

<sup>3</sup> Weighted average for the 41-year period.

## THE SECRETARY OF THE NAVY

WASHINGTON

November 19, 1940

Dear Doctor Wilbur:

I have your letter of November 18, 1940, outlining the work of the American Social Hygiene Association relating especially to national defense.

The Navy Department recognizes the services of your Association in aiding civilian authorities and voluntary groups in areas surrounding our Naval Stations. The united action of such civilian forces in protecting our men against the damaging influences of prostitution and exposure to the venereal diseases on the one hand and the promotion of desirable recreation and leisure-time activities and facilities on the other is vitally important to success of the Navy's efforts to safeguard the health and morale of its personnel from the time they leave home until they are returned to civil life.

I am glad to commend your work and financial needs to the consideration of the citizens of the country in the hope that your continued services may not be handicapped during the emergency with which we are faced.

Yours sincerely,

A handwritten signature in dark ink, appearing to read "Frank Knox". The signature is fluid and cursive, with a large initial "F" and a long, sweeping underline.

Dr. Ray Lyman Wilbur, President,  
American Social Hygiene Association,  
1790 Broadway,  
New York City.



disease, unless they were incapacitated for duty. There is little of interest in the fluctuation in rates from 1909 to 1917.

During the World War years there was a marked decrease in reported cases. There are two logical explanations for this reduction. One is that the efforts of the law enforcement agencies, the Social Hygiene groups, and the Army and Navy authorities resulted in the lowest venereal disease rate of any of the belligerent forces. Despite this splendid record, the Army, Navy, and Marine Corps combined had 157,146 more new cases of venereal diseases than there were wounds in battle. The armed forces lost 7,492,510 sick days, or the equivalent of nearly 20,600 men absent from service for a whole year. Expressed in terms of ship complement, there were enough days lost to man five huge aircraft carriers and nine World War type of destroyers.

*Table II* shows the admission rates per 1,000 for syphilis in the period 1900-1940. In the (nearly) 41-year period there were 80,142 admissions or an average of approximately 2,000 new cases each year.

TABLE II.

SYPHILIS, U. S. NAVY, 1900-1940—ADMISSIONS AND ADMISSION RATES PER 1,000

Year	Admissions	Admission rate per 1,000	Year	Admissions	Admission rate per 1,000
1900.....	465	19.57	1922.....	2,446	20.03
1901.....	546	20.32	1923.....	2,170	18.62
1902.....	606	19.40	1924.....	2,355	19.74
1903.....	816	21.90	1925.....	2,261	19.60
1904.....	880	21.69	1926.....	2,505	22.02
1905.....	981	23.73	1927.....	2,833	24.57
1906.....	1,147	26.96	1928.....	2,633	22.69
1907.....	881	19.01	1929.....	2,540	21.64
1908.....	1,001	18.91	1930.....	2,940	25.03
1909.....	1,476	25.81	1931.....	2,871	25.46
1910.....	1,315	22.54	1932.....	3,062	27.66
1911.....	1,665	27.11	1933.....	2,639	24.39
1912.....	1,424	23.00	1934.....	2,252	20.59
1913.....	1,447	21.94	1935.....	1,607	14.07
1914.....	1,332	19.83	1936.....	1,377	11.07
1915.....	1,454	21.35	1937.....	1,472	11.08
1916.....	1,542	22.25	1938.....	1,753	12.59
1917.....	2,469	10.05	1939.....	1,996	13.34
1918.....	5,960	11.83	1940 <sup>1</sup> .....	941	7.10
1919.....	4,916	16.45			
1920.....	2,470	17.54	<i>Total</i>	80,142	
1921.....	2,656	17.84	<i>Average</i>	1,955	17.70 <sup>2</sup>

<sup>1</sup> Up to and including Sept. 23, 1940.

<sup>2</sup> Weighted average for the 41-year period.

*Table III* shows the admissions and admission rates per 1,000 for gonorrhea for the (nearly) 41-year period. In this period of time there were 290,292 new admissions, or an average of more than 7,000 per year.

TABLE III.

GONORRHEA, U. S. NAVY, 1900-1940—ADMISSIONS AND ADMISSION RATES PER 1,000

<i>Year</i>	<i>Admissions</i>	<i>Admission rate per 1,000</i>	<i>Year</i>	<i>Admissions</i>	<i>Admission rate per 1,000</i>
1900.....	525	22.10	1922.....	9,987	81.77
1901.....	617	22.96	1923.....	9,142	78.43
1902.....	771	24.68	1924.....	10,132	84.94
1903.....	1,032	27.70	1925.....	9,114	78.98
1904.....	1,512	37.28	1926.....	8,084	71.06
1905.....	2,085	50.46	1927.....	8,227	71.34
1906.....	2,640	62.07	1928.....	8,353	71.98
1907.....	2,274	49.07	1929.....	8,776	74.76
1908.....	3,015	56.98	1930.....	8,659	73.72
1909.....	5,861	102.51	1931.....	8,761	77.69
1910.....	6,062	103.90	1932.....	8,987	81.17
1911.....	5,658	92.15	1933.....	7,116	65.78
1912.....	5,403	87.29	1934.....	6,133	56.07
1913.....	5,320	80.69	1935.....	5,879	51.49
1914.....	5,703	84.94	1936.....	5,453	43.83
1915.....	5,985	87.91	1937.....	5,826	43.85
1916.....	5,731	82.70	1938.....	7,302	52.45
1917.....	14,099	57.41	1939.....	8,571	57.29
1918.....	21,404	42.49	1940 <sup>1</sup> .....	6,972	52.57
1919.....	20,410	68.32			
1920.....	11,140	79.13	<i>Total</i>	290,292	
1921.....	11,621	78.06	<i>Average</i>	7,080	64.14 <sup>2</sup>

<sup>1</sup> Up to and including Sept. 23, 1940.<sup>2</sup> Weighted average for the 41-year period.

Table IV shows the admission and admission rates per 1,000 for chancroid for the (nearly) 41-year period. During this time there were 100,081 new cases, or an average of more than 2,400 each year.

TABLE IV.

CHANCROID, U. S. NAVY, 1900-1940—ADMISSIONS AND ADMISSION RATES PER 1,000

<i>Year</i>	<i>Admissions</i>	<i>Admission rate per 1,000</i>	<i>Year</i>	<i>Admissions</i>	<i>Admission rate per 1,000</i>
1900.....	214	9.01	1922.....	3,121	25.55
1901.....	217	8.08	1923.....	3,064	26.29
1902.....	284	9.09	1924.....	3,922	32.88
1903.....	396	10.63	1925.....	3,229	27.98
1904.....	542	13.36	1926.....	2,927	25.73
1905.....	538	13.00	1927.....	4,193	36.36
1906.....	733	17.23	1928.....	3,417	29.44
1907.....	554	11.95	1929.....	3,652	31.11
1908.....	665	12.56	1930.....	4,113	35.02
1909.....	1,573	27.51	1931.....	3,785	33.56
1910.....	1,968	33.73	1932.....	2,742	24.77
1911.....	1,929	31.41	1933.....	1,326	12.26
1912.....	2,169	35.04	1934.....	1,485	13.58
1913.....	1,855	28.13	1935.....	1,033	9.05
1914.....	2,908	43.31	1936.....	1,213	9.75
1915.....	2,200	32.31	1937.....	1,039	7.82
1916.....	3,057	44.12	1938.....	1,460	10.49
1917.....	5,220	21.26	1939.....	1,957	13.02
1918.....	7,996	15.87	1940 <sup>1</sup> .....	1,619	12.21
1919.....	8,019	26.84			
1920.....	4,153	29.50	<i>Total</i>	100,081	22.11 <sup>2</sup>
1921.....	3,594	24.14	<i>Average</i>	2,441	

<sup>1</sup> Up to and including Sept. 23, 1940.<sup>2</sup> Weighted average for the 41-year period.

Table V shows the ratio, syphilis to gonorrheal infections, entire Navy, 1914-1940. The reasons for the variation from the civilian experience are not apparent. It has been suggested that it is the result of more complete reporting in the Navy.

TABLE V.

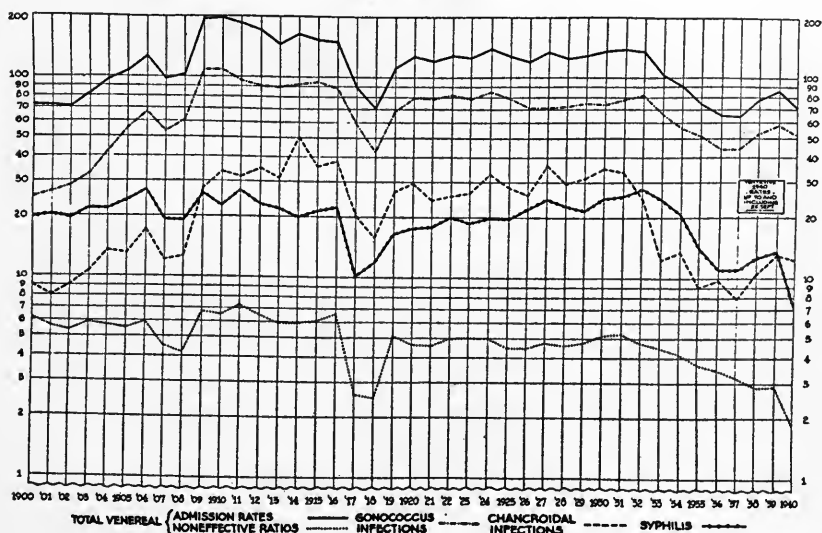
ADMISSION RATIO, SYPHILIS TO GONOCOCCUS INFECTIONS,  
ENTIRE NAVY, 1914-40

Year	Syphilis to gonococcus infections	Year	Syphilis to gonococcus infections
1914.....	1 to 4.67	1928.....	1 to 3.17
1915.....	1 to 4.43	1929.....	1 to 3.46
1916.....	1 to 3.94	1930.....	1 to 2.95
1917.....	1 to 5.81	1931.....	1 to 3.05
1918.....	1 to 3.95	1932.....	1 to 2.94
1919.....	1 to 4.15	1933.....	1 to 2.70
1920.....	1 to 4.51	1934.....	1 to 2.72
1921.....	1 to 4.38	1935.....	1 to 3.66
1922.....	1 to 4.08	1936.....	1 to 3.96
1923.....	1 to 4.21	1937.....	1 to 3.96
1924.....	1 to 4.30	1938.....	1 to 4.17
1925.....	1 to 4.03	1939.....	1 to 4.29
1926.....	1 to 3.23	1940 *.....	1 to 7.41
1927.....	1 to 2.90		
		Total	1 to 3.62

\* Up to and including Sept. 23, 1940.

Figure 1 graphically presents the admission rates for syphilis, gonorrhea, and chancroid, and the noneffective ratios per 1,000 for the (nearly) 41-year period. The most marked change in the direction

VENEREAL DISEASES, U.S. NAVY  
ANNUAL ADMISSION RATES AND NONEFFECTIVE RATIOS PER 1,000  
1900 - 1940



of the curves occurred during the World War years. From 1919 to 1932 there was no marked change. From 1933 to 1937 there was a slowly declining rate. In 1937 the rate began to climb. This may be due to a change in policy relaxing punitive control. The increase was predicted before the policy was adopted and represents the cases that formerly were concealed and escaped admission. It will be noted that while the admission rate rose, the noneffective ratio fell. This fall is statistically significant and represents the value of early diagnosis and treatment.

*Table VI* shows the rates per 1,000 for gonorrhea according to cities which are Naval ports.<sup>2</sup> It will be noted that they are arranged in descending order of a 10-year rate.

*Table VII* shows the rates per 1,000 for gonorrhea according to cities outside the United States which are ports of call for U. S. Naval ships.

Time has not been available to study the remaining venereal diseases according to port of infection. It has been shown in *Table V* that the ratio of syphilis to gonorrhea has had a (nearly) 41-year overall average of 3.62 cases of gonorrhea to 1 of syphilis. A simple mathematical calculation will provide the expected syphilis rate.

The years make pessimists of all of us and these tables for the years in question are grim reminders of the danger spots in our American cities.

It should be remembered that applicants for enlistment in the Navy and Marine Corps, as well as those applying for employment in the Civil Service of the Navy are rejected for enlistment and for employment if they are suffering from venereal diseases. A tremendous effort is a continuing function to keep them free of venereal disease.

If it is assumed that the Civil Service personnel living near the ports in which Navy Yards are located suffer the same degree of infection as that reported for Navy personnel, we have a gloomy index of the venereal health of a number of our American cities.

For as long as we have records, prostitution and war—and preparation for defense—have been linked together like Don Quixote and Sancho Panza. The prostitute has followed the warrior in his campaign and has exploited the armorer wherever he has lingered. Where this combination exists, there is found shattered humanity, raped women, illegitimate children, and women selling themselves for hire. A host of social and economic problems will develop, or, if they already exist, they are exaggerated. The most disgusting of these problems is the exploitation of the prostitute by the racketeer.

Beginning with the Biblical story of the attempt of Phinehas<sup>3</sup> to control the problem of prostitution by the murder of the Israelite Zimri and the Midianitish woman Cozbi, down to the present time, we have a sorry record of stupidity. Now is the time to begin a more sensible course.

TABLE VI.  
TEN-YEAR GONORRHEA STUDY, UNITED STATES NAVY  
Rates Per 1,000 According to Cities Which Are Naval Ports

<i>Cities in United States listed in Descending order of 10-year rate per 1,000</i>	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	<i>Ten- Year Rate</i>
New Orleans, Louisiana	135.71	194.69	89.04	48.39	50.00	....	....	....	....	....	106.24
San Francisco, California	115.14	68.58	223.53	68.18	53.66	48.04	22.65	9.92	20.80	38.46	60.29
Norfolk, Virginia	47.65	51.90	54.73	51.18	47.17	36.80	46.36	38.80	30.25	35.44	43.10
Philadelphia, Pennsylvania	45.11	50.43	62.95	60.29	31.53	12.60	32.38	36.67	21.30	23.48	38.05
Boston, Massachusetts	51.17	51.51	49.46	56.06	56.20	25.30	19.70	18.94	17.63	17.24	37.78
Bremerton, Washington	46.14	45.07	54.20	28.75	28.62	47.62	31.89	24.79	15.56	22.50	34.97
Pensacola, Florida	48.12	40.33	33.48	34.68	42.99	33.23	35.49	25.34	19.90	34.91	33.02
Charleston, South Carolina	36.27	46.15	41.18	34.48	48.05	40.70	25.83	14.41	17.01	9.97	32.03
Quantico, Virginia	40.70	28.27	44.28	44.32	37.95	33.90	33.59	20.16	24.69	18.20	30.81
San Diego, California	29.90	20.97	28.26	44.46	40.44	29.47	24.35	24.01	28.30	27.50	29.14
New York, New York	32.72	42.05	40.06	37.86	21.94	16.41	22.47	19.01	16.87	18.36	28.68
Seattle, Washington	....	....	....	13.16	....	23.26	9.35	24.39	33.43	47.01	28.12
Mare Island (Cal. Vallejo)	20.62	19.67	49.59	50.29	18.32	17.77	20.63	27.55	15.82	21.23	26.00
Washington, D. C.	40.55	51.25	30.30	23.11	26.50	25.93	29.04	13.97	15.04	12.04	25.59
Great Lakes, (Chicago)	56.22	45.14	38.38	28.04	17.30	28.99	7.24	9.80	7.62	5.49	25.48
New London, Connecticut	45.99	34.17	35.03	33.33	21.95	5.63	22.19	21.28	22.70	10.50	25.38
Parris Island, South Carolina	27.01	46.52	43.30	14.40	18.66	9.73	14.40	5.55	7.05	10.45	24.53
Portsmouth, New Hampshire	23.75	25.75	21.33	28.95	15.87	24.76	15.66	14.73	22.73	7.92	20.84
Newport, Rhode Island	23.01	24.36	32.49	25.62	25.12	14.84	15.74	14.89	5.69	8.56	18.32
Annapolis, Maryland	10.08	4.88	7.24	9.75	7.62	10.25	13.03	12.64	21.00	17.65	11.61
<i>Total</i>	36.51	35.11	40.58	39.05	31.42	26.99	27.17	22.65	21.71	23.17	30.11



We have all heard "Once a prostitute, always a prostitute". This is no longer true. Recent studies by the League of Nations clearly demonstrate that there is sufficient elasticity of the social and economic machinery to permit rehabilitation. It is one of the phenomena of modern civilization that has shown that those who have lived an anti-social life can and do break with the past and rehabilitate themselves and return to a normal, dignified, and useful existence.

This is far easier of accomplishment by a planned program of medical care and occupational therapy.

The history of venereal disease control for the past 33 centuries is one of sporadic, well meaning, and often stupid effort. The attempt to limit the spread of these diseases by punitive or restrictive measures has been futile because the means adopted are well designed to defeat their purpose.

Herodotus<sup>4</sup> describes the efforts of the Medes and Persians to control venereal disease in the following language: "The citizen who has leprosy or the white sickness may not come into the town or consort with other persons. They say that he is so afflicted because he has sinned in some wise against the sun. Many drive every stranger who takes the disease out of the country."

It is probable that this so called leprosy was syphilis and the very act of driving the sufferer away spread rather than limited the disease. A more sensible method of attack would have been to treat all such sufferers until they were no longer contagious.

An example of restrictive control during the Middle Ages is Astruce's<sup>5</sup> report of Jane I, Queen of both of the Sicilies and Countess of Provence, who regulated the public stews at Avignon in 1347. Amongst her other measures "The Queen commands that on every Saturday the women in the house be singly examin'd by the Abbess and a Surgeon appointed by the Directors, and if any of 'em has contracted any illness by their whoring, that they be separated from the rest, and not suffer'd to prostitute themselves, for fear the youth who converse with 'em should catch the Distempers". How like some of our modern advocates of "restricted districts".

There is little evidence that restrictive measures have made progress in the control of venereal disease. But there is evidence to show that the progress that has occurred is due to the treatment of venereal diseases, improved personal hygiene, and the elevation of public morals.

The punitive laws governing the military forces have defeated their own purpose for the following reason: The soldier or sailor unable to perform his duties because of venereal disease loses his pay and other perquisites, and this assures that some men will conceal their disease. The tendency of many people is to treat venereal disease as a disgrace rather than a communicable disease; to disregard the carrier state when dealing with the venereal diseases. The unfortunate soldier or sailor who is infected is treated not as a patient but a defendant in court.

We have presented a thoroughly gloomy picture. Now the questions naturally arise:

- (1) What are some of the underlying causes for the present situation?
- (2) Are we in a better or a worse position than in 1918 to cope with the problems?
- (3) What are the remedies?

One of the fundamental causes of the prevalence of venereal diseases today is that at the end of the World War demobilization of troops was a necessity and in the light of present knowledge people suffering from the venereal diseases were discharged before they had been rendered non-infectious. This resulted in the spread of venereal disease to localities where before the war the diseases were seldom seen. Such a condition must not be allowed to recur. Machinery must be established to insure that infected individuals are rendered non-infectious.

Along with the demobilization of the troops, there was a concurrent demobilization of personnel trained in the handling of the complex problem of venereal disease control. Fortunately, for the success of the present emergency there are still alive many of the workers who had experience in this field during the World War. They can be depended upon to guide civilian programs.

In the field of moral prophylaxis there is need for an objective reexamination of conditions as they are. For years the writer has used lecture material prepared by his friends in the clergy, both civil and military. If this has saved a single case of venereal disease, it is not apparent from his records. The soldier and sailor expects his medical officer to be a "cracking good" doctor and not a "Holy Joe". Since moral prophylaxis belongs to the church, it is at the door of that institution that it will be left with the admonition that a realistic approach to the problem is the only hope of success.

Chemical sterilization—unfortunately called prophylaxis—is a subject studiously avoided in normal times by both health officials and societies whose avowed purpose is the reduction of venereal disease. This can be understood because the health officer has been discouraged by its almost complete failure in civil practice. There is little wonder that it failed. The administrative means of its establishment, in the few localities where it was tried, were so defective that its failure was assured.

From the island of Cyprus comes the encouraging information that at least one civilian community has found this a valuable method for venereal disease prevention and control. The total attendance at the Cyprian stations in 1938 was 79,271.<sup>6</sup>

Prophylactic measures are still a part of the effort of the Army and Navy to control the venereal diseases. These measures will undoubtedly be continued for the military forces and such service should be made available, at least for concentrations of the industrial



population. It would be unwise to establish such facilities without providing for instruction in the proper management of the methods and explicit information on their limitations.

There are unhappily present in certain localities responsible people—and we may expect them to increase—who are inclined to revise their opinions of normal times and condone or even recommend the entirely antiquated and morally indefensible system of regulated houses of prostitution. They will base their arguments on the following undisputed and indisputable postulates:

- (a) The urgent necessity for reducing the incidence of venereal disease.
- (b) The protection of society from sex crimes.
- (c) That suppression of brothels will scatter prostitutes into the respectable residential districts of our cities.

Claims will be made that the scattering of the prostitutes will defeat the epidemiological approach to the problem.

The writer has been unable to find any evidence that there has been an increase in sex crimes in any of the countries which have abolished licensed prostitution. Perhaps this is due to a better police protection in such localities. The epidemiological approach has not been employed with adequate energy over a sufficient length of time for this to be used as a cogent argument.

There are those who will contend that regular examinations of prostitutes will reduce the incidence of venereal diseases. Any one who has attempted these procedures can testify to the difficulty of determining infectivity. Even if carried out much more frequently than is now the case, the number of exposures of the prostitutes would be, at least in the case of gonorrhea, entirely inadequate to detect the disease.

For many years I have had an abiding conviction, both on technical and moral grounds, that prostitution should be abolished. The main reason for this attitude is that the racketeer has reaped his filthy living from the control of brothels. The easy access to recognized prostitution may entice men who in normal circumstances would never frequent houses of prostitution. The soldier of today is the citizen of tomorrow, and he must be protected in order that society may be protected. Despite this abiding conviction that the abolition of prostitution is a social necessity, I would not hesitate to change my views if it can be proved that a single sailor will be saved from infection to carry on the duties for which he has been trained. It is submitted that the burden of proof is on those who advocate controlled brothels.

For the advocates of organized prostitution and the zealots for abolition who resort to lurid publicity and neglect a program of medical treatment and occupational therapy designed to rehabilitate the prostitute and assist her to return to a dignified and useful social existence and in view of the boundless effort and money we must

expend to have effective preparation for defense and efficient soldiers and sailors, I ask in the forceful language of that rigid disciplinarian Oliver Cromwell—lord protector of England—"I beseech ye brethren, in the bowels of God, to consider ye may be wrong". If their extreme views are wrong—and should be adopted—they would result in the most costly blunder in social sciences and public health since these sciences have been recognized. Evidence is available that prostitution is rampant near several of our naval stations and that law enforcement and public health programs in these localities are far from what they should be if serious damage from the venereal diseases is to be avoided. There is need for an awakened public consciousness to these facts.

Leaders in public health programs and persons interested in civic and social affairs must realize that when a nation is preparing for total defense—or is forced into a war—they are no longer the masters of policy but the slaves of unforeseeable and uncontrollable events. Antiquated law enforcement agencies, arrogant law enforcement officials, weak or incompetent public health officials, corrupt politicians, racketeers, and malignant fortune, ugly situations, and awful miscalculations—all must go.

The opinions or assertions contained herein are the private ones of the writer and are not to be construed as official or reflecting the views of the Navy Department of the Naval Service at large.

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<sup>1</sup> *New York Times* Editorial—Quoted from *The Readers Digest*, p. 118, October, 1940.

<sup>2</sup> From unpublished thesis for a Doctor of Public Health, Johns Hopkins University. (Courtesy—Lieutenant F. R. Lang, (MC), U. S. N.)

<sup>3</sup> Numbers 25: 1-16.

<sup>4</sup> *Herodotus*, Book 1, Article 138.

<sup>5</sup> *Astruce* (English translation) Vol. I, pp. 53 and 54.

<sup>6</sup> *Health and Empire*, Vol. XV, No. 1, July, 1940, p. 44.

DR. CRANE: Thank you very much, Commander Stephenson. We are now to have the privilege of hearing from Dr. Raymond A. Vonderlehr, Assistant Surgeon General of the United States Public Health Service, and in charge of the Division of Venereal Diseases. He has had great experience in this field, is a member of the American Public Health Association, of the American Medical Association, of the Association of Military Surgeons. I take great pleasure in presenting Dr. Vonderlehr at this time.

### III. AS THE UNITED STATES PUBLIC HEALTH SERVICE SEES IT

R. A. VONDERLEHR, M.D.

*Assistant Surgeon General, United States Public Health Service*

*Friends, ladies and gentlemen:* After hearing the facts presented by Colonel Dunham and Commander Stephenson, it is hard to realize that Congress only 22 years ago first recognized that civilians are an important factor in the spread of syphilis and gonorrhea among the personnel of the Army and Navy. It is true of the venereal diseases, as of no other communicable disease, that in practically every instance of infection in a soldier or sailor the source of infection is a civilian. In July 1918, Congress created the Division of Venereal Diseases of the United States Public Health Service. This action was taken because the people had found out during the preceding fifteen months that syphilis and gonorrhea were the most common causes of disabilities in the drafted men. Furthermore, after the war was over and an account of the situation was taken, it was learned that 350,000 men had been infected with venereal diseases during the war and that these diseases were the cause of one-third as many non-effective days as all battle casualties together. If all these men had contracted the diseases at the same time, approximately 23 divisions would have been put out of commission. No "fifth column" could be more successful in destroying the effectiveness of our defense forces than are syphilis and gonorrhea.

When, a few months ago, the President declared that a National emergency existed, the Public Health Service began planning for increased efforts to control syphilis and gonorrhea. Those health officers among you know that a pretty effective program for their control among the general population has already been developed. Both the Secretary of War and the Secretary of the Navy wrote to the Surgeon General of the Public Health Service asking for cooperation in providing even better facilities than now exist for the control of the venereal diseases among civilians. The primary object was to set up a common working basis so that in the event of war the machinery would be oiled and ready to install immediately the most effective type of control program.



IN REPLYING  
ADDRESS THE SURGEON GENERAL  
U. S. PUBLIC HEALTH SERVICE

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
WASHINGTON

June 15, 1940

Doctor Ray Lyman Wilbur  
American Social Hygiene Association  
Western States Division  
45 Second Street  
San Francisco, California

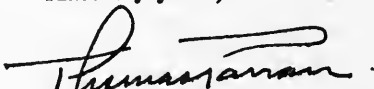
Dear Doctor Wilbur:

The rapid development of the present program for national defense is creating an urgent need for the assistance of such organizations as the American Social Hygiene Association and affiliated societies in those fields of social hygiene which are of immediate importance to the health of the people. The concentration of armed forces in many of the States and the mobilization of industrial employees engaged in national defense work is already demonstrating the urgency of this need.

I trust that the members and contributors of the American Social Hygiene Association understand, and the general public should be advised that there are legal limitations which do not permit the health services of the country and the Medical Corps of the Army and Navy to deal with social hygiene problems independently. In many areas in which the national defense program is being developed, prostitution and other closely related problems are being created. These problems result in the spread of disease and consequently render the manpower of the country ineffective. The cooperation of recreational and character building agencies and the leadership of such voluntary organizations as the American Social Hygiene Association are essential aids to the civilian authorities and citizens in combating these destructive forces.

The Public Health Service can cooperate with State and local authorities in the development of sanitary and medical measures to improve the health of the civilian and military populations. It is my belief that the Medical Corps of the Army and Navy will also do their part. Unfortunately, however, there is no legal authorization for the use of official funds to be utilized for the support of the complementary voluntary programs which are also vital. I sincerely hope that the people of the country will support the activities of the American Social Hygiene Association in order that it may lead effectively in the development of the recreational and character building programs in the immediate future as it so effectively did during the emergency of 1917 to 1920.

Sincerely yours,

  
Surgeon General

It at once became evident that one of the first and most important things to do was to determine responsibility for handling the different phases of the program. That may seem a bit strange because the principles of the control of syphilis and gonorrhea are pretty well established. Nevertheless the division of responsibilities among the Army and Navy and civilian units, the health departments, Public Health Service, police and welfare departments, had not been definitely settled. After several conferences, a statement of policy was drawn up which was approved by the War and Navy Departments, the Federal Security Agency (for the United States Public Health Service) and the State boards of health.<sup>1</sup> These policies, I believe, will be generally adopted by organizations interested in the venereal diseases and related problems.

The agreement reads as follows:

"It is recognized that the following services should be developed by State and local health and police authorities in cooperation with the Medical Corps of the United States Army, the Bureau of Medicine and Surgery of the United States Navy, the United States Public Health Service, and interested voluntary organizations:

1. Early diagnosis and adequate treatment by the Army and the Navy of enlisted personnel infected with the venereal diseases.
2. Early diagnosis and treatment of the civilian population by the local health department.
3. When authentic information can be obtained as to the probable source of venereal disease infection of military or naval personnel,<sup>2</sup> the facts will be reported by medical officers of the Army or Navy to the State or local health authorities as may be required. If additional authentic information is available as to extramarital contacts with diseased military or naval personnel during the communicable stage, this should also be reported.
4. All contacts of enlisted men with infected civilians to be reported to the medical officers in charge of the Army and Navy by the local or State health authorities.
5. Recalcitrant infected persons with communicable syphilis or gonorrhea to be forcibly isolated during the period of communicability; in civilian populations, it is the duty of the local health authorities to obtain the assistance of the local police authorities in enforcing such isolation.
6. Decrease as far as possible the opportunities for contacts with infected persons. The local police department is respon-

<sup>1</sup> Adopted by the Conference of State and Territorial Health Officers, May 7-13, 1940.

<sup>2</sup> Familial contacts with naval patients will not be reported.

sible for the repression of commercialized and clandestine prostitution. The local health departments, the State Health Department, the Public Health Service, the Army, and the Navy will cooperate with the local police authorities in repressing prostitution.

7. An aggressive program of education both among enlisted personnel and the civilian population regarding the dangers of the venereal diseases, the methods for preventing these infections, and the steps which should be taken if a person suspects that he is infected.
8. The local police and health authorities, the State Department of Health, the Public Health Service, the Army, and the Navy desire the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures."

The repression of prostitution is the most difficult problem to be solved, and one of the most important particularly in the extracantonment zones. Syphilis and gonorrhea in the defense forces cannot be prevented if prostitutes are allowed to congregate about the maneuver areas. This agreement places the responsibility for the repression of prostitution on the local police departments. In some States the State police also have authority to act in certain cases, and when there is a violation of interstate law, the case comes under the jurisdiction of the Department of Justice. There is no question that the Department of Justice will do its share of the work; will the State and local police do theirs?

It is easy to say that the police shall be responsible for the repression of prostitution and leave the matter there, but it isn't as simple as that. If the police are to do effective work they must have proper backing. The agreement definitely promises that the Army, Navy, Public Health Service, and State and local health departments will cooperate with the local police authorities in the repression of prostitution. But even this is not enough. Public opinion must support the police departments if their efforts in this matter are to have any worthwhile effect. That is the point I want to emphasize. Commercialized prostitution is a highly profitable racket backed by the underworld. It is essential that we citizens, all of us, put forth every effort to counteract the pernicious influences which will seek to maintain so lucrative a business.

This agreement has worked out well during the six months that it has been in force. Officers of the Public Health Service have been detailed to visit the States in which Army maneuvers have been held. It is most gratifying to all the Services that the rates for infections with syphilis have been very low. Gonorrhea is still a problem. If infections with gonorrhea are to be materially reduced, there must be the closest possible coordination of plans between the

Public Health Service, Army, and Navy on the one hand, and the State and local authorities on the other.

Before I close I want to cite two attempts in the management of prostitution that are so antiquated in methods you may not believe that they actually exist. I speak of these circumstances because they so forcefully show the need for intelligent public support if the campaign to control venereal diseases in our defense forces is to be successful.

In a southern town prostitution was rampant. The townspeople finally got disgusted with conditions and decided to take some action. Instead, however, of adopting repressive measures, they established a red-light district on the outskirts of the town. Now the district contains several dozen houses, all electrically illuminated, some of the signs being more or less pornographic. This place has become so well-known, I am told, that people come three and four hundred miles to visit these houses. This town may be interested theoretically in controlling the venereal diseases, but practically, it has only succeeded in increasing the opportunities for people to catch the venereal diseases.

The second instance illustrates an old story that is occasionally repeated even today. I recently visited a city that has a so-called "regulated area." Within this area there are some 250 prostitutes who are examined regularly. The doctor who supervises the records told me that in his opinion a pretty good tab is kept on these women. By questioning, I learned that he had records of a 1,000 or 1,500 women who had been in the area and had disappeared. I asked him how long the women usually stay in the district; he said about two or three months. Yet this doctor is convinced that he has control over the district! The prostitutes have to submit to an examination every two weeks. These examinations are not made by the health department, though the department does do the laboratory work. The prostitutes go to a private physician who may or may not make a thorough examination. The physician sends material for smears and blood for a serologic test to the laboratory. The report comes back to the examining physician who gives the report to the prostitute. She pastes the report over her bed—a good advertisement for the woman, but absolutely worthless as a sanitary measure.

In closing I wish again to emphasize the necessity for the support of the public in the program for the prevention of venereal infections among our defense forces. It is up to the public to decide whether their communities are going to provide facilities for finding cases of venereal disease and for treating those that are found whether they be prostitutes, members of the defense forces, or plain ordinary citizens. Tracing the sources of communicable diseases and the contacts of those sources and bringing them under treatment is a fundamental of public health work.

As social workers, your responsibility lies in the broader aspects of social hygiene, the phase that does not deal primarily with public

health and so is not the responsibility of the public health officer. It is up to you to determine whether or not the policy of your community will be the toleration of prostitution and the establishment of red-light districts; whether or not your health department will give the prostitute an advertisement that she is not infected with syphilis and gonorrhea.

DR. CRANE: Thank you very much, Dr. Vonderlehr. As our concluding speaker this evening we are to have the privilege of hearing Major Bascom Johnson, who is an associate director of the American Social Hygiene Association and in charge of the Association's Legal and Protective Activities. After Major Johnson has spoken, we will give the company an opportunity to ask questions or to engage in any discussion you would like to engage in, and I shall ask Dr. Loren Shaffer, Director of Venereal Disease Control for the Detroit Health Department, if he will preside over the discussion period. If there are questions that you have in mind you will be privileged to ask them, and I trust that during the address of Major Johnson you will be formulating your questions for presentation following his remarks. Major Johnson.

#### IV. THE PROBLEM FROM THE VIEWPOINT OF THE VOLUNTARY AGENCY AND THE COMMUNITY

BASCOM JOHNSON

*Associate Director, In charge of Legal and Protective Activities  
American Social Hygiene Association*

One of the advantages of being the last speaker is that you can pick up the points that have not been covered and dwell on them. I have been searching diligently in my mind since listening to the speakers and I can find hardly anything not covered; in fact, my speech lies in fragments about me. However, perhaps I can recapitulate what has already been said, drive home one or two points not dealt with in great detail, and give examples of the application of some of these principles that you have heard discussed this evening. First, I want to give you a little consolation. The Army and Navy and Public Health Service have laid before you as citizens a series of terrifying



problems. It should be a consolation to you, I think, that any effort you make for the protection of the armed forces is of equal value to your own boys and girls in your own town. No matter how much effort or money is spent in carrying out this program, it will be just as valuable and important for your own citizens as for the Army and Navy.

There is, however, a special responsibility that we as citizens of the local communities have for the draftees. The draftee is in a little different position from the man who volunteers. He is taken by the government away from home surroundings and family and the protection thrown around him in his own community. He is placed in camps near areas in which there are quite frequently very unfortunate conditions. There, when on leave he is subjected to these conditions and being unaccustomed to them is quite overwhelmed by them, as a beginner may well be. I want to read one paragraph from a letter of former Secretary of War Newton D. Baker, written at the beginning of the World War. He wrote it to the governors and Councils of National Defense in the states pointing out this special responsibility that communities have for draftees. This paragraph will be of interest to you:

"Our responsibility in this matter is not open to question. We cannot allow these young men, most of whom will have been drafted to service, to be surrounded by a vicious and demoralizing environment, nor can we leave anything undone which will protect them from unhealthy influences and crude forms of temptation. Not only have we an inescapable responsibility in this matter to the families and communities from which these young men are selected, but, from the standpoint of our duty and our determination to create an efficient army, we are bound, as a military necessity, to do everything in our power to promote the health and conserve the vitality of the men in the training camps."

That same civilian responsibility exists today, especially as the new draft goes into effect. Many of these men will encounter for the first time the vicious conditions which exist in the neighborhoods of some of the camps that I have visited. These young men come into these local communities over the weekend, or at night when through with their duties at camp. Frequently they have no friendly place to go and the only people who seem glad to see them are keepers of brothels and saloons. There they are received with open arms as long as their money lasts.

The good people in the community somehow seem to overlook the fact that these young men are no different from their own boys—fre-

quently they will be their own boys, and sooner or later their own boys will be in similar situations. Often the townspeople seem to look down upon these young men. The communities do not show much hospitality or offer them opportunities for doing anything of interest or value.

I want to drive home to you the fact that if you wish your Army and Navy to be efficient, if you wish the characters of the boys who will defend us at some future time to be strong and manly, you must take that responsibility. If you wish them to avoid the demoralization which often follows contact with these conditions and these diseases, you cannot avoid taking a position in your own communities in regard to these matters.

What I hope you will do is to adopt the position outlined by Dr. Vonderlehr in this agreement between the Army and Navy and Public Health Service. The decks are cleared for action. We cannot fail to assume this responsibility and to discharge it.

From time to time men who claim to know it all will tell you what has been done in other countries to regulate prostitution and with what good results. I have had opportunity to study prostitution in practically every civilized country in the world, and I can tell you from first hand knowledge, not from theory, that the only practical method of dealing with prostitution is to attack it, and to attack it relentlessly and continuously. There is no compromise with this problem.

By that I do not mean that prostitutes should be persecuted. The attack should be concentrated on the racketeers of prostitution, the third parties who make most of the profits, who corrupt government, who gain every advantage politically out of alliance with the underworld. These people are the people who advance the arguments in favor of prostitution and who themselves get the profits from the business of prostitution. As far as the prostitute herself is concerned, she is merely a pawn in the game. She is not so serious a problem in the business of prostitution as these others. If you attack the racketeers, the profiteers, the third parties, and make it impossible or difficult for the prostitute to find a place where she can profitably operate, then the method of dealing with the prostitute herself becomes a manageable problem.

I am not so much concerned at the moment about prostitutes, and I won't say anything more about prostitution because we have rather thoroughly discussed this problem. Something which does disturb me and about which little has been said this evening, is the way in which present day conditions favor the creation of new prostitutes.

There has grown up in modern times a condition which is to my mind most serious, but which most people neglect or do not seem to understand. That is the exploitation of girls who are not yet prostitutes, but who soon become so, by certain types of individuals who have liquor licenses. I am not attacking all liquor licensees,

of course. There are many decent, law abiding men who have liquor licenses. But there are far too many licensed places which use young girls as a "come-on" to increase their sales of liquor. Those of you who have read the book, *Designs in Scarlet*,\* will know what I am talking about. While I don't think Mr. Cooper was always strictly accurate in some of his descriptions and his whole book also seems to me somewhat out of focus, there is much truth in that book, and the situations I am talking about which I want to call especially to your attention are those places—taverns, road houses, bars and some restaurants which employ girls either on a commission basis or on starvation wages in order to attract customers to the place and increase the sale of liquor.

I have personally seen many places where these girls are working on that basis. They usually receive as wages not more than three or four dollars a week. It is not possible to sustain themselves on this. They are constantly subjected night after night to approaches from customers who take it for granted that they are complaisant. If a girl comes to a place like this without knowing this will happen, she soon finds out, and she cannot be there long without being degraded and demoralized and gradually deciding she can and must supplement her earnings by prostitution. It begins gradually, perhaps once a week, then twice a week, and eventually she is graduated into the ranks of hardened prostitutes. I can't tell you how indignant I feel about these so-called respectable men, granted licenses by the state, who use their position to degrade and demoralize girls in this way. I have more respect for the out-and-out madames or brothel keepers who are frankly what they are, than for a so-called respectable employer who subjects his employees to the conditions which confront many of these girls.

There is a preventive program which I commend to your special attention. These men have licenses which they do not wish to lose. They can be prevented from permitting these conditions to exist. They get away with it and continue because of the ignorance or apathy of the public. I hope you will go to work in your own communities, study this problem and see to it that, in your town at least, this new method of breaking in new prostitutes through this kind of exploitation cannot continue.

In closing, I want simply to refer to one other matter—the recreation program which is so important and necessary in these training camp areas. Many of these local communities are small. I have just come from Fayetteville, North Carolina, a town of 15,000, where there is to be a large camp at Ft. Bragg—I merely use this as an example—where there will be 50,000 men. When these men go on leave you can imagine how that community will be overwhelmed. The people are terrified at what will happen there. They need help. I think the time will come when the federal agencies, like W.P.A. and others, will find it necessary to supplement what little funds these communities can grant to set up what I like to call "substitutes for

\* By the late Courtney Riley Cooper.

vice." If the men who come to these towns have nowhere to go but vicious places you can easily see what the result will be. Therefore, these funds should be created, built up and subsidized. This is important, as shown by the knowledge gained in the last war in dealing with these matters. The day when funds were built up from private contributions is gone. There will have to be help from federal and state sources. Without it the problem cannot be measurably solved. Repressive measures, medical and public health measures, are not enough. Other measures, including hospitality, recreation, and the holding out of a welcoming hand to these men is, to my mind, the most essential of all the measures the local community can put into operation to protect the soldiers and sailors from venereal diseases.

It is a big job, but it can be done, if we all work together. The course is charted, we have our sailing orders. Let's go.

DR. CRANE: Thank you very much, Major Johnson. Ladies and gentlemen, that concludes the main part of the program prepared for you. I am sure you are delighted with the presentations. As I have already indicated, we would like to entertain any discussion you wish to carry on. I should like to ask Dr. Shaffer to come and take over as chairman.

DR. SHAFFER: We have had a very complete and excellent discussion of the problem of the control of venereal diseases in our military as well as our civilian population. However, I do not think the problem has been brought home to us as to what are our immediate problems in Michigan and Detroit.

In general, our program follows the outline we heard tonight. We are trying to do a good job in Michigan. However, in doing so we have many shortcomings and we need more help; we need more funds. Venereal diseases are present not alone in our large centers but in the smaller communities, particularly around military camps such as Camp Custer in Battle Creek, Selfridge Field, Alpena and Sault Ste Marie. As we heard, today in the military force the men on leave may travel long distances in a short time. This means that venereal disease must be controlled throughout the state of Michigan. We have heard how the problem is to be solved. It means case finding; that means personnel to follow up contacts and finding the infected individual and getting him under treatment. It means adequate facilities for treatment. I might say it means a little better coopera-

tion from our medical profession that have been rather reluctant in doing their part in source and contact finding. We hope our health departments will be able financially to supply us with necessary personnel to help in source and contact finding. This will be a real problem of venereal disease control. We must have more hospitals for the isolation of these infected individuals. We will probably need more police in relation to the suppression and control of prostitution. They are all our problems. We are a democracy, however, and it is the people that need to set up the demand for such control facilities. I think the idea of this meeting has been excellent. I hope you will all leave here with the idea you are going to be a militant supporter in the program of venereal disease control. There is no question how it is to be done. The question is, will we have the necessary financial support?

I hope you will have questions to ask. We are all interested enough in this subject to stay with you.

*(General discussion then followed.)*

DR. CRANE: Let me at this particular moment thank all who have come out for this gathering tonight. I wish to express my own personal thanks for the privilege I have had of participating in this evening's program and I want to thank, on behalf of all of you as well as myself, these gentlemen who have so adequately presented this problem. Thank you, and good night.

## SOCIAL HYGIENE EXECUTIVES CONFER ON NATIONAL DEFENSE AND SOCIAL HYGIENE

Conferences of state and local social hygiene executives are ordinarily called by the American Social Hygiene Association at two-year intervals. However, social hygiene problems growing out of the National Defense Program and the concentration of large numbers of young men in military and naval training establishments and industrial centers led the national association to call this group of workers together for an interim meeting in New York and Washington, D. C., November 16-18, 1940.

The program was designed particularly to bring about common understanding and united effort among the social hygiene agencies. The close attention given to the speakers and the many favorable comments received indicate that this objective was achieved.

Following an informal dinner on Friday evening, November 15, and a film showing at the Association's new headquarters at 1790 Broadway,\* the group met on Saturday morning at the Hotel Taft where the sessions continued through Sunday evening discussing the following topics:

*Plans of Army and Navy for Venereal Disease Control in Their Establishments. Relationship of Army and Navy Medical Authorities to Civilian Health Authorities.* Dr. Walter Clarke.

*Plans of Army and Navy with Regard to Morale Activities in Their Establishments.* Dr. Thomas A. Storey.

*Conditions (around Army, Navy and Industrial Establishments) Affecting Health and Morale: Prostitution Conditions,* Bascom Johnson. *Recreation,* Dr. Storey. *Industrial Problems,* Dr. Jacob Goldberg.

*Discussion of the Provinces and Activities of the Council of National Defense, Committee on Health and Medical Care, and the National Research Council.* Dr. Snow and Dr. Clarke.

*State Defense Councils.* Dr. Storey.

*Where the American Social Hygiene Association Stands in Relation to Activities of the Army, Navy, U. S. P. H. S., and State Health Departments.* Mr. Johnson and Dr. Clarke.

*Special Consideration of Activities for Churches, Women's Organizations and Civic Organizations.* Dr. Valeria H. Parker.

*Suggestions for Local Social Hygiene Programs.* Discussion under the chairmanship of Dr. Harriet S. Cory of St. Louis.

*Plans for Social Hygiene Day and Regional Conferences.* Jean B. Pinney.

*Federal Appropriation for 1941-42.* Dr. Snow.

*Cooperation of Pharmacists.* Mrs. S. W. Miller and Dr. Clarke.

*Publicity.* Jean B. Pinney.

*Fund Raising Plans.* Mr. Elliot Jensen.

\* Including the new sound film of the National Probation Association, entitled *Boy in Court*, and three reels on case-studies of syphilis, photographed in color by Dr. J. G. Marthens, of the Dayton Social Hygiene Association. *Boy in Court* was shown again Sunday afternoon, together with *Sex in Life*, a British film.

The following executives were in attendance.

<b>California</b>	RUTH LEUTZINGER, <i>Field Secretary</i> , Western States Division, American Social Hygiene Association, San Francisco
<b>Connecticut</b>	GRACE MOONEY, <i>Executive Secretary</i> , New Haven Social Hygiene Association
<b>Illinois</b>	MRS. R. W. BARRIS, <i>Field Secretary</i> , Central States Division, American Social Hygiene Association, Chicago DR. BERTHA SHAFER, <i>Executive Director</i> , Illinois Social Hygiene League, Chicago
<b>Louisiana</b>	MRS. WILLIAM HALLER, JR., <i>Field Secretary</i> , A.S.H.A. Southern States Division, New Orleans
<b>Massachusetts</b>	MABEL M. BROWN, <i>Executive Secretary</i> , Cambridge Tuberculosis and Health Association M. O. JOHNSON, <i>Director</i> , Hampden County Tuberculosis Association, Springfield MRS. S. W. MILLER, <i>Executive Secretary</i> , Massachusetts Society for Social Hygiene, Boston
<b>Missouri</b>	DR. HARRIET S. CORY, <i>Executive Secretary</i> , Missouri Social Hygiene Association, St. Louis MRS. F. H. REAM, <i>Executive Secretary</i> , Kansas City Social Hygiene Society
<b>New York</b>	CHARLES A. FRECK, <i>Executive Director</i> , Queensboro Tuberculosis and Health Association, Jamaica RAYMOND H. GREENMAN, <i>Secretary</i> , Social Hygiene Committee, Monroe County Tuberculosis and Health Association, Rochester A. KESSLER, New York City MRS. MARIE F. KIRWAN, <i>Executive Secretary</i> , Yonkers Tuberculosis and Health Association GEORGE J. NELBACH, <i>Secretary</i> , Social Hygiene Sub-Committee, State Committee on Tuberculosis and Public Health, State Charities Aid Association, New York City ROBERT R. OSBORN, <i>Assistant Secretary</i> , Social Hygiene Sub-Committee MRS. MARIE ANDERSON, MARIE DOEHM, MARIE GOULETT, New York State Tuberculosis Association, New York City DR. VALERIA H. PARKER, <i>Director</i> , Bureau of Marriage Counsel and Education for Social and Family Relations, New York City ARTHUR W. TOWNE, <i>Secretary</i> , Onondaga Health Association, Syracuse
<b>Ohio</b>	MRS. ELVA HORNER EVANS, Family Health Association, Cleveland R. WILLIAM PATTERSON, <i>President</i> , Dayton Social Hygiene Association DR. J. GRANT MARTHERNS, Dayton, Ohio DR. RICHARD W. WEISER, <i>Executive Secretary</i> , Cincinnati Social Hygiene Society
<b>Pennsylvania</b>	NEWELL W. EDSON, <i>Executive Secretary</i> , Erie Social Hygiene Association

Association officers and staff members who participated were: DR. EDWARD L. KEYES, DR. MAURICE A. BIGELOW, DR. WILLIAM F. SNOW, DR. WALTER CLARKE, MR. BASCOM JOHNSON, DR. THOMAS A. STOREY, MR. ELLIOT JENSEN, MISS JEAN B. PINNEY, MR. JOSEPH L. STENEK, MR. W. GEORGE GOULD, MRS. BETTY A. MURCH, MRS. MIRIAM ENGLISH DOLL, MISS ELIZABETH AHNER, MISS REBECCA STILLER, MISS GRACE DORSETT, MISS ELIZABETH RYAN and MISS JEAN KELLEY.

Conference arrangements were in charge of MRS. BETTY A. MURCH and MISS REBECCA STILLER under DR. CLARKE'S direction.

On Sunday evening the majority of the group, with members of the national staff, left for Washington, where under the guidance of Mr. Ray H. Everett, Executive Secretary of the Social Hygiene Society of the District of Columbia, they visited on Monday the U. S. Public Health Service and the U. S. Children's Bureau and were addressed by Dr. R. A. Vonderlehr, Director of the Division of Venereal Disease Control of the U. S. P. H. S. and Miss Katharine Lenroot, Director of the Children's Bureau, respectively. At noon the executives joined the Association's President, Board of Directors and Committee on National Defense Activities and invited guests in a luncheon session at the Cosmos Club, attended by more than 60 persons. A newspaper account published at the time gives an exceedingly interesting report of this event:—

Steps towards a concerted drive to safeguard military and naval training camps and essential industries from the ravages of venereal disease were announced yesterday. More than sixty social hygiene executives and medical officers from all parts of the United States assembled in an all day conference at the Cosmos Club to consider measures aimed at abolishing commercialized prostitution and keeping syphilis and gonorrhea infections to a minimum in and around army and navy establishments. Dr. Ray Lyman Wilbur, president, American Social Hygiene Association and former Secretary of the Interior, presided. Meeting with the specialists were the Surgeons General of the United States Army and Public Health Service, Drs. James C. Magee and Thomas Parran; and Commander C. L. Andrus representing Rear Admiral Ross T. McIntire, Surgeon General, U. S. Navy.

Also present were Dr. Edward L. Keyes, New York; Charles H. Babcock, New York; Major Gen. Merritte W. Ireland, U. S. Army, retired; Philip R. Mather, Boston; Dr. Fred T. Murphy, Michigan; Rev. Alphonse M. Schwitalla, Missouri; Brigadier General Albert G. Love, U. S. Army; James Fieser, American Red Cross.

"The fundamental issue in this social and medical question is what support will the public itself and the civilian officials give in cleaning up conditions near camps and keeping them clean," Dr. Wilbur said. "The Army and Navy want their men healthy and sound, and will do what they can to keep them so. We know enough now to control these diseases, but do we have the applied commonsense to do so? It will mean fight greed and entrench political forces. With the experience of the World War we ought to give the world an example of applied preventive medicine in stopping the spread of the venereal diseases."

"During periods of national mobilization the venereal disease rate tends to increase in the armed forces and also in the civil population," Philip R. Mather, chairman, Committee on Defense Activities of the American Social Hygiene Association, said. "The present turmoil in Europe is almost certain to be accompanied and followed by a grave increase in syphilis and gonorrhea, and the United States will hardly escape this increase unless the health and legal services of the Army, the Navy and civil authorities, aided and supported by voluntary and private agencies, work together effectively to prevent this disaster.

"The Army and Navy are able and anxious to do all possible to protect men from morale and health destroying conditions and especially to give adequate medical care to those who become infected, but the military and naval forces do not control the civilian communities around Army and Navy establishments. It is in these communities and not in camps or on board ship that service men become infected. The civil authorities and the public are responsible for conditions which exist in their communities.

"The venereal diseases are spread by infected persons almost exclusively through sexual contacts. The more promiscuous an infectious person is, the



greater number of persons in danger. The most promiscuous persons are prostitutes—a real danger in any community and a threat to the health, morale and efficiency of soldiers, sailors and industrial workers. It has been demonstrated by the Association that high venereal disease rates in the armed forces can be greatly reduced by cleaning up commercialized prostitution and related conditions in adjacent communities.”

Mr. Mather pointed out the need of the Association for additional personnel and funds. While governmental agencies yet to be created may, in the future, take over a certain part of this work, the fact is that at present the American Social Hygiene Association is the only organization having the training and experience to carry on these important national defense activities.

Mr. Bascom Johnson, director of the legal and protective division of the American Social Hygiene Association, when asked concerning the conditions referred to above said, “Coincident with the mobilization of soldiers and sailors at many points throughout the country there has been a mobilization of prostitutes and racketeers who exploit them in the same neighborhood. The only interest of the underworld in the soldier is to get his money on pay day. Unfortunately the soldier too often receives in return a venereal disease which interferes seriously with his training and often results in crippling disabilities. In addition, too many persons who are licensed to sell liquor in these areas violate the conditions of their license by recruiting or permitting prostitutes or other promiscuous women to frequent their premises for the purposes of increasing the sale of liquor. Not only is the health of soldiers and sailors injured by these practices, but disciplinary problems for the Army and Navy are greatly increased by the drunkenness and promiscuity with which many inexperienced young men are surrounded.”

“This is not a problem for tomorrow,” Mr. Mather stressed. “The dangerous conditions exist today and our assistance is requested by the Army, the Navy, and the Public Health Service to protect men already in training from infections which, during the World War, robbed the Army of the equivalent of a year’s service of 19,000 men, or the personnel to man six great airplane carriers or nine destroyers.”

At the conclusion of the meeting Dr. Wilbur and members of the Defense Committee conferred with Gen. George C. Marshall, Acting Secretary of War, and with Col. Frank Knox, Secretary of the Navy, regarding the protection of the health and morale of soldiers and sailors.

## EDITORIAL

### APPLIED COMMON SENSE IN NATIONAL DEFENSE

Our country takes on a new responsibility for the future in its peace-time conscription program. It must give adequate protection to the young men brought into military service from those perils associated with groups of men away from home ties and accustomed influences. From time immemorial every collection of soldiers has been sought out by those purveying to man's weaknesses and vices. Saloon keepers, gamblers and prostitutes head the list.

In war there is often a resolute determination to keep every man fit, and the mood of the public is to eliminate damaging influences. In the World War saloons were closed and prostitutes herded away from the neighborhood of camps and cantonments. This is much more than a moral question; for in many armies gonorrhea and syphilis have damaged more men than have the bullets of the enemy.

Through the War and Navy Departments there has been frank recognition of the need of facing boldly the whole question of the sexual conduct of the soldiers. The Surgeons General of these services and of the Public Health Service have cooperated in education and in control. These men as physicians realize how long it may take to stop the development of the spirochete of syphilis when it once starts to grow in a human body, unless there is prompt recognition and early, persistent and proper treatment. The Neisser organism causing gonorrhea is often very damaging and hard to dislodge when it once has become an invader.

There is no answer equal to that of prevention. Nothing can replace that control of action which resists exposure. Every soldier should be informed of the facts of the situation, of the wisdom of continence, and of the risks of sexual contacts. A realistic attitude when there has been exposure should be adopted, whatever may be thought of the moral

aspects of the question. So many innocent women and children may be involved that prophylactic procedures should be insisted upon.

The American Social Hygiene Association fills in where the military authorities cannot act. It provides education for the recruit and for the public, provides experts to work with the police and civilian authorities, and is an agent of the free giver who wants to do his share in preventing disease and disaster. There is a very large domain of action, of publicity, and of education that has not and will not be met by appropriations from Congress for assistance to a public health campaign for the treatment of these special diseases. The last war taught us the need of such an organization as the American Social Hygiene Association, to be on the job in all parts of the country, representing the every-day civilian and the home, and keeping conditions wholesome or correcting those that are not so. The military and public health officials have their fields of work cut out for them; but they cannot go beyond certain limits. Our American youth is so fine, so open-eyed and clean, that we must not let the turmoil in the world involve them further than is necessary in the conscription program which we have had to inaugurate for the protection of democracy and the American way of life.

At no time has the need of emphasis upon the work of the Association been so important as today, with changing social customs and standards, with tens of thousands of places where alcohol is sold, with barmaids and "B" Girls and the easy association of the young people of both sexes.

RAY LYMAN WILBUR, M.D.

*President, American Social Hygiene Association*

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" . . . In the last World War venereal diseases constituted by far the greatest single threat to the Army's efficiency and morale. I can testify to the invaluable assistance given the Army in the last war by the American Social Hygiene Association; it is important that the work of the Association receive the support of large numbers of thinking persons now. . . ."

GENERAL JOHN J. PERSHING.

## NATIONAL EVENTS

**Five Regional Conferences to Head Up Observance of Fifth National Social Hygiene Day.**—Plans are going full speed ahead for the five great regional conferences which will take place in as many cities—New York, Philadelphia, St. Louis, New Orleans and Los Angeles—as chief events in the observance of *Fifth National Social Hygiene Day*.

In New York, the *Greater New York Social Hygiene Council* will hold an all-day meeting at the Hotel Astor as its ninth annual regional conference. Four simultaneous morning sessions will occur on the topics: *Venereal Disease and Mobilization of Industry*; *Staff Education in Social Hygiene*; *Staff Responsibilities in Venereal Disease Clinics*; and *Motion Pictures*. Afternoon sessions will consider the subjects: *Recent Advances in Venereal Disease Therapy*; *Premarital Guidance: What Should It Include*; *Some Important Aspects of Delinquency*; and *Personality Development of Youth—A Bulwark in Sex Adjustment*. The luncheon meeting will have for its theme *The Preparedness Situation and Venereal Disease Problems*.

The other four conferences will be under the joint auspices of the American Social Hygiene Association, the United States Public Health Service and special committees on Social Hygiene Day, working with state or local social hygiene groups, and aided by a large number of state and community "sponsoring agencies."

The program in each of these cities will follow approximately the same pattern. Each will hold morning, luncheon and afternoon sessions, the general theme being *Social Hygiene and National Defense—How Government Agencies and Voluntary Groups Can Work Together to Protect United States Soldiers, Sailors and Defense Workers from Syphilis and Gonorrhea*. Representatives from the Army, Navy, United States Public Health Service, and the American Social Hygiene Association will speak at each Conference.

The following particulars, plus an urgent invitation to Association members and JOURNAL readers to join in attending these meetings, are given for ready reference:

In Philadelphia, on Thursday, February 6, under the auspices of the Philadelphia Health Council and Tuberculosis Committee and the Philadelphia Committee on Social Hygiene Day, Major General William G. Price, Chairman, the conference will meet at the Bellevue-Stratford Hotel. The luncheon session will be given over to the Twenty-eighth Annual Meeting of the American Social Hygiene Association. Delegates from seven states—Delaware, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia and West Virginia—and the District of Columbia will attend. For further particulars and luncheon reservations, address the conference secretary, Mr. Charles Kurtzhalz, 311 S. Juniper St., Philadelphia, Pa.

Local sponsors of the conference in Los Angeles will be the California Tuberculosis Association, and the Los Angeles Committee on Social Hygiene Day (Chairman, Dr. F. F. Abbott). Delegates from eleven western states—Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington and Wyoming—are expected. For details address the conference secretary, Miss Ruth Leutzinger, at 45 Second Street, San Francisco. After January 1st, address will be c/o Los Angeles Tuberculosis and Health Association, 122 East 7th St., Los Angeles.

At the St. Louis meeting, the Missouri Social Hygiene Association and the St. Louis Committee on Social Hygiene Day (Chairman, Dr. Richard S. Weiss), will head the list of local sponsors. Thirteen midwestern states are expected to send representatives—Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota and Wisconsin. For further particulars, address the conference secretary, Dr. Harriet S. Cory, 3713 Washington Blvd., St. Louis, Mo.

In New Orleans, the New Orleans Social Hygiene Association and the New Orleans Committee on Social Hygiene Day will be chief local sponsors of a conference at the St. Charles Hotel. Ten states will be represented: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee and Texas. Provisional Chairman of the committee is Ralph E. Boothby, and the conference secretary, who can supply further details, is Mrs. William Haller, Jr., 232 Audubon St., New Orleans, La.

Further particulars of program will appear in the January JOURNAL.

**Nation Rallies Around Social Hygiene Day Standard.**—While these great conferences will draw delegates from the areas concerned, the states, communities and special groups across the country are planning their own Social Hygiene Day observances. Five thousand meetings were held in three thousand communities on Fourth National Social Hygiene Day. With this year's challenging theme—*How Civilians Can Help Protect United States Soldiers and Sailors from Syphilis and Gonorrhea*—it is expected that this splendid record may be equalled if not surpassed. If you are planning a meeting or other Social Hygiene Day observance, ask for our special *Program and Publicity Aids* without delay. (Address: 1790 Broadway, New York.)

**Paul V. McNutt Appointed to Head United States Defense Welfare Work.**—Approval from all sides greeted the White House announcement released on December 3, of the appointment of Paul V. McNutt, Federal Security Administrator, as co-ordinator of "all health, medical welfare, nutrition, recreation and other related fields of activity affecting the national defense."

The appointment, approved by President Roosevelt, was made by the Council of National Defense. The Council is composed of six Cabinet members—the Secretaries of War, Navy, Interior, Agriculture, Commerce and Labor.

Mr. McNutt will retain his post as Federal Security Administrator. His added duties will include formulation of plans to assure adequate health services connected with the national defense; co-ordination of the medical work of all Federal agencies; control over the transfer of funds for health and welfare purposes, and appointment of advisory committees to serve on a "dollar-a-year" basis.

It is to be hoped that under this new administrative plan there will develop all the essential activities so urgently needed in the fields concerned, and that these will be adequately staffed, co-ordinated, balanced and financed. During the World War Raymond B. Fosdick, now president of the Rockefeller Foundation, served as chairman of the War and Navy Department Committees on Training Camp Activities, which developed and promoted similar activities with great

success with the cooperation of both voluntary and official agencies—national, state and local. Mr. McNutt is in a strategic position to join governmental with civilian group action in all matters concerning health and morale of the armed forces. The American Social Hygiene Association stands ready to support him in these efforts.

The desire of the military authorities for this assistance was stated by Gen. George C. Marshall, Army Chief of Staff, in an address broadcast November 29, in which he said in part:

"It is in the communities in the vicinity of our troop concentrations that the War Department urgently desires the assistance of every welfare organization in the country. . . . It is of the utmost importance to the Army that the Red Cross and the Y.M.C.A., the Knights of Columbus and the Jewish Welfare Board, the Salvation Army, the various fraternal organizations and the churches of the community, all co-operate to develop wholesome places for the soldier to go for his entertainment."

Of special significance to the progress of health and welfare activities is one paragraph in the text of the White House announcement concerning Mr. McNutt's new duties, as follows:

"Within the limits of appropriations allocated for purposes encompassed by this order the Federal Security Administrator may contract with and transfer funds to existing governmental agencies and institutions and may enter into contracts and agreements with individuals or educational or scientific institutions for studies, reports, experimental investigations, and expert counsel."

The full text of the President's Executive Order is as follows:

"Pursuant to the authority vested in it by Section 2 of the Act of August 29, 1916 (39 Stat. 649), the Council of National Defense, with the approval of the President, hereby designates the Federal Security Administrator as co-ordinator of all health, medical, welfare, nutrition, recreation and other related fields of activity affecting the national defense. In the performance of this responsibility the Federal Security Administrator as co-ordinator shall, in co-operation with the advisory commission to the Council of National Defense, formulate and execute plans, policies and programs designed to assure the provision of adequate services of this character to the nation during the national defense emergency; and to that end he shall co-ordinate the facilities of existing Federal agencies with respect to these several fields of action and shall establish and maintain liaison with such other agencies, public or private, as he may deem necessary or desirable.

"The Federal Security Administrator is authorized, with the approval of the President, to appoint such advisory committees and subcommittees with respect to health, medical, welfare, nutrition, recreation and related activities as he may find necessary or desirable to assist him in the performance of his co-ordinating duties. Such committees and subcommittees may include representatives from Federal departments and agencies, state and local governments, organized private groups, and the public at large. The members of advisory committees and subcommittees shall serve as such without compensation, but shall be entitled to actual and necessary transportation, subsistence, and other expenses incidental to the performance of their duties. Each committee and subcommittee shall operate under the direction and supervision of the Federal Security Administrator and co-ordinator, and shall serve at his pleasure.

"The health and medical committee established by order of the Council of National Defense, dated September 19, 1940, is hereby transferred to the Federal Security Agency, and such committee shall hereafter exercise its duties and functions under the direction and supervision of the Federal Security Administrator. Vacancies occurring in the membership of this committee shall, hereafter, be filled by appointment of the Federal Security Administrator, with

the approval of the President. All rules and regulations, projects and activities of the committee required to be approved by the Council of National Defense of the President shall, prior to submission thereto, be approved by the Federal Security Administrator.

"Within the limits of appropriations allocated for purposes encompassed by this order the Federal Security Administrator may contract with and transfer funds to existing governmental agencies and institutions and may enter into contracts and agreements with individuals or educational or scientific institutions for studies, reports, experimental investigations, and expert counsel.

SECRETARY OF WAR  
SECRETARY OF THE NAVY  
SECRETARY OF INTERIOR  
SECRETARY OF AGRICULTURE  
SECRETARY OF COMMERCE  
SECRETARY OF LABOR

"*Approved*

FRANKLIN D. ROOSEVELT

"November 28, 1940."

**Association Produces New One-reel Film on Social Hygiene and National Defense.**—The demands upon us for up-to-the-moment visual education helps dealing with *Social Hygiene and National Defense* make us believe that a film on this subject is what is most needed at present. We are, therefore, delaying production for the time being of the film on gonococcal infections previously announced and are proceeding full speed ahead with production of a *Defense* film, that it may be ready for Fifth National Social Hygiene Day.

The theme of this film will be that which is uppermost in the minds of all of us at present—How Can the Community Help to Protect Soldiers, Sailors and Defense Workers from Syphilis and Gonorrhea?

Please send us your comments and suggestions as to any particular points which you think should be included. Your advance order as promptly as possible will help us plan accordingly.

The production will be a one reel sound film, available in 16 and 35 millimeter, suitable for showing to any lay audience. The price will be the same as that for *With These Weapons*—\$50.00 for a 16 mm. print and \$75.00 for a 35 mm. print. On orders for twelve or more prints a ten per cent discount will be allowed.

**United States Public Health Service Assigns Liaison Officers to Army Corps Areas.**—Nine Public Health Service officers have been assigned to special medical duties in connection with military camps now being set up under the Selective Service Act, Surgeon General Thomas Parran announced recently.

Environmental sanitation with emphasis on the control of the communicable diseases will be the chief responsibility of the newly-assigned public health officials. "To safeguard the health of America's young men who are receiving military training, it is necessary to have proper health conditions in the areas surrounding the camps as well as in the camps themselves," Dr. Parran stated.

Through agreement between the Public Health Service and the Army the liaison officers are being assigned to the nine Army corps areas to work with the corps area surgeons and will act as intermediaries in the problems arising in extra-military areas—problems of concern to State health departments, local health departments, and agencies of allied aims.

The agreement between the Army and the Public Health Service to use these liaison officers came as a result of recognition of the public health relationships involved in the cases of infectious disease in military areas, in the handling of food, the disposal of garbage and sewage, and in the water supply.

The nine Public Health Service officers being assigned to the Army corps areas to work with the corps area surgeons are: Dr. L. L. Williams, Atlanta; Dr. W. T. Harrison, San Francisco; Dr. Frank V. Meriwether, Columbus, Ohio; Dr. Lon O. Weldon, Chicago; Dr. K. E. Miller, San Antonio; Dr. Albert E. Russell, New York City; Dr. Harry J. Warner, Omaha; Dr. Joseph Bolton, Boston and Dr. Edgar W. Norris, Baltimore.

"In general the American people can hope for substantial benefits in terms of health as a by-product of the training of the new draft Army. The preparations under this emergency, aside from fulfilling their immediate purpose, will confer lasting health benefits on the Nation," Surgeon General Parran pointed out as the nine officers prepared to take up their new duties.

**National Probation Association Produces New Educational Film.**—A motion picture interpreting the juvenile court and probation is now ready for distribution by the National Probation Association. The new film, entitled *Boy in Court*, was shown twice during the national conference of social hygiene executives conducted by the American Social Hygiene Association in New York November 16-18.

Judges, probation officers and leaders of welfare organizations everywhere have long expressed the need for an interpretive motion picture in the field of juvenile delinquency and crime prevention. Because of these expressions of need and because of the growing importance of the cinema in helping to create vital public interest in public welfare endeavors, the National Probation Association has produced *Boy in Court*, and it is now available in 16 mm. and 35 mm. widths to interested agencies throughout the country.

The picture presents the work of the modern juvenile court in its relation to the proper care and treatment of young offenders. Although some of the background factors which stimulate juvenile delinquency are suggested, particular emphasis is placed upon the techniques of good procedure from the apprehension of the child, through detention, court hearing, psychiatric study, and probation supervision. The story is that of a boy offender, but the problem of the girl delinquent is also recognized.



Serving on a committee of the Board of Trustees of the National Probation Association in sponsoring the film are: Mrs. Sidney Borg, New York City; Laurence G. Payson, New York University, New York; Judge George W. Smyth, Westchester County Children's Court, White Plains, N. Y.; Charles L. Chute, Executive Director; and Timothy N. Pfeiffer, President of the Association.

A one-reel, sound motion picture, the production runs ten minutes, the customary length of a short. It is expected that the film will be widely used by courts, probation offices, community chests, welfare and character building agencies, women's groups, service clubs, schools, colleges, university extension divisions, departments of public welfare and parent-teacher associations. Some orders have already been received. The purchase prices for the film are \$25.00 for the 16 mm. version and \$60.00 for the 35 mm. version, plus shipping charges. For information about rental arrangements or purchase, address Film Service, National Probation Association, 1790 Broadway, New York City.

**The 69th Annual Meeting of the American Public Health Association.** At the conclusion of a successful meeting in Detroit, the American Public Health Association announces that the 69th annual meeting attendance, during the week of October 7, was second largest in the Association's history. Registration was 3187 persons.

Officers elected for the year 1940-1941 are: W. S. Leathers, M.D., president; John L. Rice, M.D., president-elect; Robert D. Defries, M.D., Charles E. Finlay, M.D., Selskar Gunn, vice-presidents; Louis I. Dublin, Ph.D., treasurer; Abel Wolman, Dr.Eng., chairman executive board; and Reginald M. Atwater, M.D. executive secretary.

A committee on public health in the national defense was appointed with the following personnel: W. S. Leathers, M.D., chairman, and Stanley H. Osborn, M.D., Huntington Williams, M.D., Abel Wolman, Dr.Eng.

**Marriage and Family Course at Duke University Announced.**—The program for the Seventh Annual Conference on the Conservation of Marriage and the Family at the University of North Carolina and Duke University April 8, 9 and 10 is nearly completed. There will be three discussion sessions on "The Child and the Parent," "Education for Marriage," "Domestic Counseling," "Religion and Marriage," and "The Medical Aspects of Marriage." There will also be several one-session discussions of various problems of common interest.

By vote of the Conference last year, attendance is to be restricted to two hundred and invitations are to go only to those professionally interested in the problems of marriage and the family. According to former custom, the first invitations will be sent to those who were present at the last Conference.

## NEWS FROM THE 48 FRONTS

*Prepared by the American Social Hygiene Association's Community Service*

**Illinois—Chicago Holds Regional Workers Conference.**—Following the Social Hygiene Executives' Conference in New York City in November, the Illinois Social Hygiene League acted as host to a group of workers in the Middlewest, who came together to hear a report on the New York meeting from Dr. Bertha Shafer, the League's Executive Director, and to discuss other matters of mutual social hygiene interest. Twenty-one social hygiene leaders were present as follows:

Mrs. Evelyn Millis Duvall, Executive Director, Association for Family Living, Chicago; Valeria McDermott, Director of Social Hygiene Education of the Chicago Board of Health; Jesse A. Jacobs, Chicago Association of Commerce; S. W. Evans, Supt., and Mr. Obermaier, Asst. Supt., Committee of Fifteen, Chicago; Lillian Bennett, Director of Social Service, Northwestern University Medical School, Chicago; Dr. Franklin Fitch, Staff Physician, and Mrs. Franklin Fitch, Educational Staff member, Illinois Social Hygiene League, Chicago; Corinne Price, High School Home Economics Instructor, Assumption; Mrs. Frances Bruce Strain, author and lecturer, Evanston; Glen Ramsey, Biology instructor, Columbia Junior High School, Peoria; P. K. Houdek, Secretary, National Association of Biology Teachers, Robinson; Mrs. Margaret Wells Wood, Chairman of Public Welfare, State Department of Health, Springfield; Louis O. Astell, Instructor in Biology, University High School, Urbana.

Also Dr. Alfred Kinsey, Indiana State University, Bloomington, Ind.; Dr. Thurman B. Rice, Director of Health and Physical Education, Indiana State Board of Health, Indianapolis; Ralph Kuhli, Ruth Larsen, Dwight Warner and Aimee Zillmer, lecturers in social hygiene, Wisconsin State Board of Health, Madison, Wisconsin.

Dr. Shafer reports that the group so enjoyed the day together that they asked for an invitation to return in February. A committee was appointed to formulate standards for teacher training and the prospects are for an informal organization to further a regular exchange of ideas.

### **Massachusetts—New Head of State Anti-syphilis Committee.**—

Dr. Walter B. Cannon, physiologist and educator of international reputation, has accepted the duty of heading the Massachusetts Anti-syphilis Committee, succeeding the late Dr. Hans Zinsser as Chairman and as a member of the Board of Directors of the Massachusetts Society for Social Hygiene. Dr. Cannon is George Higginson Professor at Harvard Medical School, was a Lieutenant Colonel in the Medical Corps during the first World War, and was decorated by both British and American governments.

### **Michigan—Parent Education Institute Considers Education for Marriage.**—

Mrs. J. K. Pettengill of Detroit, past president of the National Congress of Parents and Teachers, headed a conference on *Education for Marriage* at one of the sessions of the Eleventh Annual Parent Education Institute at the University of Michigan, October 30 to November 1. The theme of the three-day institute was *Citizenship*.

**New Jersey—Health and Sanitary Association Holds 66th Annual Meeting.**—The New Jersey Health and Sanitary Association, one of the oldest health organizations in the United States, held its 66th annual meeting on Friday and Saturday, November 15 and 16, at the Berkeley-Carteret Hotel, Asbury Park.

*With These Weapons*, the social hygiene sound film, was loaned for the meeting and was shown in a continuous program of health movies.

Featured speaker at a luncheon on Friday was William J. Ellis of the State Department of Institutions and Agencies, who spoke on *New Jersey Defense Council's Aims in Health, Welfare, and Recreation*.

*Progress in Venereal Disease Control* was reported at the Friday afternoon session devoted to *Health Progress in New Jersey* by Dr. Daniel Bergsma of the State Department of Health.

The annual business meeting of the Association was held Saturday morning and new officers were elected.

**New Jersey—Social Hygiene Courses Offered at Rutgers College.**—Beginning January 23, 1941, Rutgers College offers two courses in social hygiene in Newark at Keubles House under the directorship of Mabel Grier Leshner, M.D., as follows:

30:H118. METHODS AND MATERIALS OF SOCIAL HYGIENE EDUCATION (3).

This course is designed to meet the present demand for administrators, teachers, school and public health nurses trained in a constructive, preventive, sex-character education program. It aims (1) to provide an appreciative, intelligent understanding of the part sex plays in the life of every normal individual; (2) to present guiding principles and essential qualifications of those doing guidance in this field; also, to present problems and graded projects and methods of sex education in the pre-school and early-school periods; and (3) to give an understanding and practical handling of the common physical, emotional, and social problems of youth behavior due to the developing creative factor of the adolescent, including teaching programs and illustrated talks on the high school level. A special reference library will be available. The principles and methods of this course are those endorsed by the White House Conference on Child Health and Protection, the National Education Association, and the American Social Hygiene Association.

4:15-5:55 P. M. Thursday.

30:H119. INTEGRATED SOCIAL HYGIENE EDUCATION (3).

A seminar course planned to aid teachers to recognize natural opportunities and to develop techniques for integration of appropriate phases of sex education into the various subjects of the curriculum and into extra-curricular activities on the high school level. Prerequisite, 30:H118.

7:30-9:10 P. M. Thursday.

For further information, address the Registrar, Rutgers College, New Brunswick, N. J.

**New York—Queensboro Tuberculosis Group Plans 4-Point Program and Social Hygiene Day Meeting.**—The Queensboro Tuberculosis and Health Association of Jamaica plans to hold a mass meeting in South Jamaica in celebration of National Social Hygiene Day,

February 5th, and has enlisted the cooperation of both white and Negro American Legion Posts, according to Charles A. Freck, Executive Director of the Association.

Under the Association's Advisory Committee on Negro Health, a generalized program has been adopted, embracing social hygiene education, cancer and maternal and child welfare activities, as well as the fight against tuberculosis.

*The Importance of Health in National Defense* was the subject of a forum conducted by the Association at the Jamaica Y.M.C.A. on December 6th. Speakers were Dr. Elias Rubin of Jamaica, who spoke on venereal diseases; and Dr. Marcus Kogel, Superintendent of Queens General Hospital and a Major in the Medical Reserve Corps of the U. S. Army.

On December 10th the Association plans a program on syphilis before the Queens Clinical Society, the Negro medical and dental group in Jamaica. Dr. Alfred T. Hyman will speak.

**Ohio—Cincinnati Society Holds Annual Meeting.**—The twenty-third annual report of the Cincinnati Society, just out, indicates growing activity in three major fields—parent education, marriage education and syphilis control. The educational work of the Society shows results in the outstanding record of the City Health Department Syphilis Control Program, which has been treating patients for syphilis in the Health Center for the past five years. The program has been approved by the Association of Restaurant Owners, Bakers and Druggists, among others; and 71 firms have completed blood-testing involving 17,711 employees, while 32 firms involving 37,751 employees are in process of similar programs.

The aim of the Society—"improvement of family and community life through increased understanding and more wholesome management of the emotional and particularly the sexual natures of human beings"—has been promoted through lectures, consultations, broadcasts, film showings, exhibits, loan of books and distribution of literature. A real increase in interest in the work was indicated by a greater number of requests than in previous years for information, consultations, books, and courses rather than single lectures.

Dr. Paul Popenoe, Director of the Institute of Family Relations, Los Angeles, Calif., addressed the Society on the subject "Can We Educate for Marriage?" at its annual dinner meeting on November 29.

**Ohio—Cleveland P.T.A. Is Interested in Social Hygiene.**—Dr. Robert N. Hoyt, Secretary of the Joint Social Hygiene Committee of the Academy of Medicine of Cleveland and the Cleveland Health Council, on October 7, speaking to the Central Council of Parent-Teacher Associations of Cleveland, outlined a social hygiene program for the P.T.A. Social Hygiene chairmen representing 37 schools were present. Dr. Hoyt's suggestions were as follows:

**I. INFORMATION every Parent-Teacher Association should have:****A. Local and National Agencies and their Social Hygiene Programs.**

1. Your Board of Education.
2. Your local Health Department.
3. Community Fund Agencies.
  - a. Joint Social Hygiene Committee of the Academy of Medicine and the Cleveland Health Council, Robert N. Hoyt, Dr.P.H., Secretary, 1001 Huron Road, phone CHerry 6850.
  - b. Family Health Association, Miss Etta Creech, Director, 2525 Euclid Avenue, phone PRospect 8240.
4. National Agencies.
  - a. U. S. Public Health Service, Washington, D. C. Read "Shadow on the Land" by Thomas Farran, M.D., Surgeon General of the United States.
  - b. American Social Hygiene Association, 1790 Broadway, New York City. Social Hygiene Chairman should be a member and receive the JOURNAL OF SOCIAL HYGIENE.

**II. ACTIVITIES for each Parent-Teacher Association.**

- A. Encourage your school principal to teach social hygiene in biology and personal regimen courses. (See outline for grades 8 to 12 by Mr. Philip Riley.)
- B. Suggest a special talk to the pupils each year on social hygiene.
- C. Hold at least one P.T.A. meeting on social hygiene each year.
- D. Prepare yourselves as parents and teachers for the job of teaching children in home and school by attending a regular course on social hygiene given by the Family Health Association and Cleveland College.
- E. Back pre-marital and pre-natal health examination laws for Ohio.

**Ohio—Judge Nicholas Named Dayton Director to Fill Vacancy Left By Late Robert G. Corwin.**—Judge Frank W. Nicholas was recently elected to the Board of Directors of Dayton Social Hygiene Association of Dayton, filling a vacancy on the Board caused by the death of Robert G. Corwin, prominent attorney and long a promoter and faithful friend of the social hygiene movement.

Mr. Corwin was a member of the National Association and of Ohio State Antisyphilis Committee. He is remembered by staff members of the Association for his helpful advice and cooperation in many ways.

**Ohio—Toledo Social Hygiene Council Announces 1940-41 Lecture Series.**—The Social Hygiene Council of Toledo has announced its program for the current year, which includes four lectures on social hygiene problems: *Sex Problems of Childhood and the Family*, by Miss Evelyn Eastman on December 11; *Sex Problems of Youth and the Unmarried Adult*, by Dr. Elizabeth Adamson on January 7; *Sex Problems in Marriage*, by Dr. B. B. Caplan on February 5; and *Sex Problems During and Following the Menopause*, by Dr. Glenn H. Reams on March 4.

The officers of the Toledo Society are: Dr. Lawrence D. Miller, president; Miss Emma Roberts, first vice-president; Mr. George D. Lehmann, second vice-president; Mrs. H. C. Whitehorne, secretary; and Mrs. Martha Bayliss, treasurer.

**Pennsylvania—Pittsburgh Syphilis Control Program Under Way.**—The Pittsburgh Syphilis Control Program was officially under way June 12 with the opening of the Falk Clinic to the public, and the establishment of headquarters in the City-County building. Formal opening of the clinic was held August 1. At this time a welcoming banquet was given honoring Dr. Millard C. Hanson, former director of health at Toledo, Ohio, now the permanent director of the Pittsburgh project. Under the program, the city and the Buhl Foundation have each given \$25,000 and the Federal Government \$50,000 to be spent in tests and cures.

The mutual efforts of many Pittsburgh professional men, laymen, and civic groups have been responsible for the establishment of the Pittsburgh Syphilis Control Program. A few years ago an Anti-Syphilis Committee was formed by members of the Allegheny County Medical Society to do the groundwork. The General Health Council worked hand-in-hand with the Medical Society. The Buhl Foundation, visualizing that the social benefits of such a program would be in keeping with its own philanthropic purposes, took an active interest.

Pittsburgh's City Council, aware that the program would result in considerable eventual savings to Pittsburgh taxpayers, agreed to contribute a part of the fund needed. The United States Public Health Service and the State Health Department, in the midst of an intensive syphilis crusade, have integrated the Pittsburgh program with the state and national campaign. The University of Pittsburgh medical school entered the picture by offering facilities for the program's central clinic, and the City Health Department enlarged its serological department to furnish laboratory facilities.

Dr. Albert Russell, now at the New York Division of the U.S.P.H.S., was responsible for the early organization of the Pittsburgh program and served as director for three months in its initial stages. He now acts as consultant of the program, especially with regard to syphilis in industry in Pittsburgh.

As a part of the program examinations at a special blood testing station were available free to visitors to the Allegheny County Fair, August 29 to September 2. More than 3 per cent of the 510 persons who volunteered for tests were found to be infected, according to newspaper accounts.

Dr. Reuben L. Kahn of Detroit, who perfected the Kahn test for syphilis, delivered four lectures—two for physicians at the Mellon Institute and two for laboratory technicians at the Falk Clinic—on September 23 and 24. His appearance was sponsored by the Pittsburgh Syphilis Control Program and the Clinical Pathological Society of Pittsburgh.

Community interest in the control of syphilis is high in Pittsburgh. Six hundred persons attended a community meeting on social hygiene held October, 1939, by the American Social Hygiene Association in cooperation with the State and City Health Departments, the General Health Council of Allegheny County, the Pennsylvania Federation of Women's Clubs, and the Pennsylvania Public Health Association. The development of this Syphilis Control Project should do much to increase public understanding as well as public health.

**Virginia—Social Hygiene Activities in Arlington County.**—Arlington is the third smallest county in the United States, and one of the best equipped insofar as health centers are concerned. Within it is Fort Myer, a famous cavalry post, Arlington Cemetery, the tomb of the unknown soldier and the Robert E. Lee mansion. The present population is approximately 65,000 with an expected increase of 7,000 during the next year.

The venereal disease program inaugurated in 1938 under the Director of Health and Welfare, Dr. R. G. Beachley, is carried on by the State, Federal and County health authorities, cooperating with the local Social Hygiene Board which is a participating agency in the Community Chest. Thomas W. Philips is chairman of the Board which supports two nurses, and a secretary and compensates clinicians giving treatment in several clinics. The excellent teamwork of the several agencies has resulted in a unified program which has been most effective in case finding. The program may be summed up briefly as follows:

1. **Free distribution of antisypilitic drugs** to physicians through the cooperation of the State Health department and the U.S.P.H.S.
2. **Modern laboratory facilities** function under the Health Department; free examination of blood and dark field specimens for the physician and health department.
3. **Case finding blood examinations** are given all food handlers, barbers and beauticians by the Health Department.
4. **Free blood examination and treatment** for syphilis of expectant mothers in the prenatal clinics.
5. **A premarital examination law** went into effect in 1940.
6. **Local courts** when the occasion demands, sentence individuals who are delinquent in taking treatment.
7. **A physical examination** is given at first visit to the clinic, and throughout the course of treatment.
8. **Clinics at convenient points** and suitable hours are provided by the County. (One of them runs from one in the afternoon until nine at night and it is hoped it will soon operate from 9 A.M. to 9 P.M.)
9. **Four part time physicians** are employed on a per diem basis.
10. **Epidemiological procedures** are used and all patients are interviewed to determine sources and bring in contacts.
11. **Educational program** consists of talks by members of the health department staff, distribution of literature and display of posters.

12. Arrangements are being made to have all cases receive a **spinal fluid** examination before final discharge.
13. Cooperation is maintained with the State Bureau of Venereal Diseases.
14. Control of venereal disease in the metropolitan area of Washington where armed forces for national defense are concentrated. Plans are now being made to develop an intensive program because of the location of armed forces in this area. In the vicinity are located eight military and naval stations—all of these army posts will be greatly augmented during the coming year and in addition many civilian workers will be concentrated in and around Washington.

Recently a committee was appointed by the Assistant Surgeon General to study conditions and a report has been submitted looking toward additional personnel and expansion of the work in this area.

## YOUTH NOTES

*Prepared by the Association's Youth Service*

With this year's **Social Hygiene Day** drive centered upon the protection of soldiers, sailors and civilians in the nation's preparedness program we are more than ever striving to serve youth. Replies to our first announcement of **Fifth National Social Hygiene Day** have carried praise for our efforts from youth-serving organizations and requests for materials from youth leaders throughout the country.

Meeting the need for new educational materials in the present national emergency program the Association has postponed production of its new gonorrhea film, giving precedence to a film on **social hygiene and national defense**. It is hoped that this motion picture will be ready for release on Social Hygiene Day, February 5.

Among items on our youth "must list" for reading is the new survey by the **American Youth Commission** and the **National Education Association** in cooperation with the **American Institute of Public Opinion**. Called **What People Think About Youth and Education**, the survey discloses that

86% of the population favor physical examinations for school children at public expense. The **National Education Association** reports that no other question in the poll received a higher or more uniform degree of public support.

Currently covering events in the youth field is **Youth Leaders Digest** put out by Youth Service, Peekskill, N. Y.

The **Young Men's Section** of the **Saskatoon Board of Trade, Saskatchewan, Canada**, has been carrying on an active venereal disease educational program with youth groups. They recently sponsored a public showing of a double feature—**With These Weapons** and **Dr. Ehrlich's Magic Bullet**—in one of their local theatres.

**Youth—the First Line of Defense** was the subject discussed at a luncheon of the **Girls Service League of America** at the Hotel Plaza, New York, on December 2. Dr. Frank Kingdon, Mrs. Francis Ragus, and Mrs. Sidney C. Borg addressed the group.



# IN AND OUT OF THE NEWSPAPERS

JOSEPH L. STENEK

*Publicity Assistant, American Social Hygiene Association*

**Fifth National Social Hygiene Day** will be the spearhead of a concerted drive to safeguard men in military and naval training camps and in essential industries from the ravages of syphilis and gonorrhea, reports the **New York Daily News** (Dec. 2). With the announcement of the 1941 campaign, news of the next month is turning towards February 5 when communities throughout the United States will celebrate **Social Hygiene Day**. The **Washington Post** (Nov. 19) set the trend when it headlined its story about the first meeting of the Association's **Committee On Defense Activities, "Parley Moves to Keep Camps Free of Venereal Disease."** Following the meeting in Washington letters from the Secretary of War and the Secretary of Navy, commending the work of this Association, were released. (See pages 396 and 404.)

The **Fort Wayne (Indiana) Journal-Gazette** in an editorial about Dr. Ray Lyman Wilbur and the defense program has this to say: "The battle for the preservation of American Democracy is one that should be fought on

the moral and spiritual and medical fronts as well as on the material front."

In **New York**, the **Herald-Tribune** reported interviews with Dr. William F. Snow, Dr. Thomas A. Storey, and Major Bascom Johnson of the Association's Staff on conditions around areas adjacent to army camps.

In **Detroit**, the **Michigan Catholic**, in a column editorial says: "Soldiers do not find opportunity for vice in the army camps. The danger is outside. Churches and social agencies will have to set up their own agencies, provide recreational facilities, promote social activities outside these camps and thus supplant the house of ill fame, the saloons and other questionable resorts which formerly sprang up like mushroom growths about military establishments."

Our latest publicity item is **Bill and Jim Go on Leave**, a new **Health Helps** cartoon strip. If your newspaper hasn't been supplied let us know. We'll gladly send you mats and proofs to fill your needs.

## PUBLICATIONS RECEIVED

*Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall within its field and are requested for review for its readers will be considered for review in later issues.*

### BOOKS

- MODERN DERMATOLOGY AND SYPHILOLOGY.** Becker and Obermayer. J. B. Lippincott Company, 1940. 871 pp. \$12.00.
- THE CORRECT THING—To Do, To Say, To Wear.** Charlotte Hawkins Brown. Sedalia, N. C., 1940. 109 pp. \$1.00.
- FAMILY BEHAVIOR.** Bess V. Cunningham. W. B. Saunders Company, 1940. 527 pp. \$3.00.
- CONGENITAL SYPHILIS.** Charles C. Dennie and Sidney F. Pakula. Lea & Febiger, 1940. 596 pp. \$8.00.
- THE 1940 YEAR BOOK OF PUBLIC HEALTH.** Edited by J. C. Geiger. The Year Book Publishers, Inc., 1940. 560 pp. \$3.00.
- GERMS AND THE MAN.** Justina Hill. G. P. Putnam's Sons, 1940. 461 pp. \$3.75.
- SEX IN DEVELOPMENT.** Carney Landis and Coauthors. Paul B. Hoeber, Inc., 1940. 329 pp. \$3.75.
- THE WONDER OF LIFE.** Milton I. Levine, M.D. and Jean H. Seligmann. Simon and Schuster, 1940. 114 pp. \$1.75.
- THE NEUROSES IN WAR.** Edited by Emanuel Miller. The Macmillan Company, 1940. 250 pp. \$2.50.
- MODERN MARRIAGE.** Paul Popenoe. The Macmillan Company, 1940. 299 pp. \$2.50.
- COMMUNITY HYGIENE.** Soule and Mackenzie. The Macmillan Company, 1940. 218 pp. \$1.75.
- PRELIMINARY STATEMENTS SUBMITTED TO THE WHITE HOUSE CONFERENCE ON CHILDREN IN A DEMOCRACY.** January 18-20, 1940. Superintendent of Documents. 257 pp. 40¢.

## PAMPHLETS

- ARM AGAINST SYPHILIS. Florida State Board of Health. Jacksonville.  
 COME OVER TO MY HOUSE. Cue Program Series. The Girls' Friendly Society.  
 New York. 40 pp. 35¢.  
 A COMMUNITY HEALTH PROGRAM FOR THE Y.W.C.A. Edith M. Gates. The  
 Womans Press. 120 pp. 85¢.  
 DIRECTORY OF SYPHILIS, GONORRHEA AND VAGINITIS CLINICS IN GREATER NEW  
 YORK. Prepared by Social Hygiene Committee, New York Tuberculosis and  
 Health Association. 20 pp.  
 THE HEALTH EXAMINATION. Family Health Series Guide for Public Health  
 Nurses No. 7B. Community Service Society, Department of Educational  
 Nursing. September, 1940. 32 pp. 25¢.  
 A LIST OF FREE AND INEXPENSIVE TEACHING MATERIALS. Federal Works  
 Agency, Works Projects Administration. Community Service Circular No. 8.  
 Washington. September 24, 1940.  
 MOTHER! NURSE YOUR BABY! United States Department of Labor. Children's  
 Bureau Folder 19. Washington.  
 RALLYING RESOURCES FOR YOUTH. American Youth Commission of the American  
 Council on Education. Washington. 19 pp. Also *Finding the Facts About  
 Youth*, and *New Strength for America*.  
 READINGS ON BETTER CARE FOR MOTHERS AND BABIES. National Council for  
 Mothers and Babies. Washington, D. C. 10¢.  
 SOURCES OF HEALTH FILMS FOR LAY AUDIENCES. National Health Council.  
 New York. September, 1940. 12 pp. 10¢.  
 THOSE FIRST SEX QUESTIONS. Thurman B. Rice. The American Medical Asso-  
 ciation. 40 pp. 25¢.  
 WOMEN IN ACTION. Four Outlines to Enrich your Program Meetings. The  
 Girls' Friendly Society. New York. 32 pp. 20¢.

## IN THE PERIODICALS

- AMERICAN JOURNAL OF PUBLIC HEALTH, November, 1940. *Prostitution as a  
 Source of Infection with the Venereal Diseases in the Armed Forces*.  
 By Charles R. Reynolds, M.D. p. 1276.  
 BRITISH MEDICAL JOURNAL, October 5, 1940. London. *Recent Advances in  
 Treatment of Gonorrhea*. By D. J. Mackinnon. p. 448-49.  
 BULLETIN, Kentucky Department of Health. October, 1940. Louisville. *Sug-  
 gestions for the Treatment of Gonorrhea: Chemotherapy and Local*. p. 221-24.  
 THE BULLETIN OF THE BRITISH COLUMBIA BOARD OF HEALTH, Victoria, B. C.  
*Annual Report for the Year 1939*.  
 CANADIAN PUBLIC HEALTH JOURNAL, October, 1940. Toronto. *Commercialized  
 Prostitution and Venereal-Disease Control: the Results of Suppression of  
 Commercialized Prostitution on Venereal Disease in the City of Vancouver*.  
 By Donald H. Williams. p. 461-72.  
 JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, November 9, 1940. Chicago.  
*Biologic False Positive Serologic Tests for Syphilis. III. A Suggested  
 Method of Approach to their Clinical Study*. p. 1602-6.  
 JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, November 9, 1940. Chicago.  
*Gonorrhea in the Male: Results of Treatment with Sulfanilamide; Clinical  
 Lecture at New York Session*. By P. S. Pelouze, M.D. and others. p. 1630-33.  
 ——— *Relationship of the Health of Civilians to Efficiency of the Navy with  
 Special Reference to the Venereal Disease Problem*. p. 1291-96.  
 JOURNAL OF MEDICINE, November, 1940. Cincinnati. *Some Problems in the  
 Control of Syphilis*. By R. E. Heering. p. 374-78.  
 LIVING, August, 1940. Menasha, Wis. *The Contribution of Sociology to a  
 Course on Marriage and the Family*. By R. H. Abrams. p. 82-84.  
 NATIONAL NEGRO HEALTH NEWS. United States Public Health Service. April-  
 June, 1940. Volume 8. 48 p.  
 ROCKY MOUNTAIN MEDICAL JOURNAL, October, 1940. Denver. *American Medicine  
 Prepares*. By John W. Amesse. p. 732.  
 ——— *Positive Serologic Reactions Among Convalescent-Serum Donors*. By D.  
 B. Clauden, Gerald Miller, Maurice Hardgrove. p. 327.  
 ——— *Survey of Public Opinion on Syphilis*. By M. S. Wortman. p. 320.  
 VENEREAL DISEASE INFORMATION, October, 1940. U. S. Public Health Service.  
*Why Don't We Stamp Out Gonorrhea*. By N. A. Nelson. p. 133.

## Now—as Five Thousand Years Ago

“The history of syphilis is the history of prostitution. Thus, from the far away past, when Ishtar, the Babylonian Venus, spread the ‘lust plague’ in revenge of Izdubar’s insult, the shameful disease has been the price of immorality. The street prostitute is its carrier. Five thousand years ago she sat in an open place, wrapped up in a veil and covering her face; she is with us now ‘and lieth in wait at every corner.’

. . . . at the window of my house,  
I looked through my casement,  
And beheld among the simple ones,  
I discerned among the youths,  
A young man void of understanding,  
Passing through the streets near her corner;  
And he went the way to her house,  
In the twilight, in the evening,  
In the black and dark night;  
And, behold, there met him a woman  
With the attire of a harlot, and subtile heart.

So she caught him, and kissed him,  
And with an impudent face said unto him,

‘I have decked my bed with coverings of tapestry,  
With carved works, with linen of Egypt.  
I have perfumed my bed with myrrh,  
Aloes, and cinnamon.  
Come, let us take our fill of love until the morning:  
Let us solace ourselves with loves. . .’

With her much fair speech she caused him to yield,  
With the flattering of her lips she forced him.  
He goeth after her straightway,  
As an ox goeth to the slaughter,  
Or as a fool to the correction of the stocks.  
Till a dart strike through his liver;  
As a bird hasteth to the snare,  
And knoweth not that it is for his life.

Hearken unto me now therefore,  
O ye children, and attend to the words of my mouth.  
Let not thine heart decline to her ways,  
Go not astray in her paths.  
For she hath cast down many wounded:  
Yea, many strong men have been slain by her.  
Her house is the way to hell,  
Going down to the chambers of death.

*The Bible, Proverbs VII*

*Reprinted from Health and Empire, March, 1928*

## ANNOUNCEMENTS

**Last Month.**—The November JOURNAL, first of our series on *Social Hygiene and National Defense*, is useful, they tell us. If you need an extra copy, let us know. . . . Dr. Clarke's lead article, *Syphilis, Gonorrhea and the National Defense Program*, has been reprinted as publication No. A-298, and will be included in the Social Hygiene Day kit. . . . Other available reprints are: *To Speed Our Defenses* by Dorothy W. Miller (A-307), *Program Emphases for Preparedness Conditions* by Ray H. Everett (A-309), *Preventing Venereal Diseases in Military Concentrations* by C. A. Harper, M.D. (A-310), *Minnesota Venereal Disease Control Program in Connection with Military Maneuvers* by R. R. Sullivan, M.D. (A-306)—10¢ each; and *National Defense and Social Hygiene in Up-State New York* by George J. Nelbach (A-308) and *The Defense Program in Alabama As It Relates to Social Hygiene* by J. N. Baker, M.D. (A-311)—5¢ each. Any of these are free to members, of course. . . . A number of leaders have asked for quantities of the supplement to this issue, *The Chemical and Mechanical Prevention of Syphilis and Gonorrhea* (A-286). . . . We are glad to provide them as long as they last.

**This Month.**—*Social Hygiene and National Defense* again, with community emphasis. We hope the Detroit program will serve to aid and inspire other community meetings. No reprints are planned for general distribution, but there will be a few extra copies of the entire issue at a special Social Hygiene Day price of 15¢ postpaid. . . . The two issues, *November and December together*, for 25¢ postpaid.

**Next Month.**—*Social Hygiene Day Number*. Some of the contents: *American Communities Face a New Challenge* by Dr. Thomas A. Storey—community defense problems and how to meet them. . . . *A Church Program for Defense Areas*, by L. Foster Wood. . . . *A Memorandum to Y.W.C.A. Workers* by Dr. Janet F. Nelson. . . . A radio talk, *Syphilis, the Deficit in Our Health Defense Budget*. . . . *Design for a Social Hygiene Conference* by Jean B. Pinney—*Special Program Suggestions* and many other useful and practical helps for your Social Hygiene Day observance. *A special price on this number, too, 15¢.*

**New Social Hygiene Day Publications.**—If you read the November NEWS, *A Guide to Social Hygiene Day Materials*, you know that there are a number of these, besides the JOURNAL articles just mentioned. Among them are: *The Case against Prostitution*, a popular folder showing how a community may rid itself of the prostitution "racket." In two colors, \$2.50 per 100, \$15 a thousand. (Pub. No. A-303.) . . . *Why Let It Burn?* is a straight-forward explanation of the reasons why a "red light district" does not control prostitution. In convenient pamphlet size, 10¢ each, 80¢ a dozen, \$5.00 a hundred. (Pub. No. A-304.) . . . The title of *Community Safeguards for Youth*, by E. Marguerite Gane, speaks for itself. 10¢. (Pub. No. A-281.) . . . *Bill and Jim Go On Leave* is another of the handy *Health Help Series*, telling a picture story of two soldiers' leisure time in a community near camp. *Prepared especially for community leaders and lay public.* Price \$1.00 per 100, \$5.00 per thousand. (Pub. No. A-302.)

**Before the Boys Leave Home.**—*So Long, Boys—Take Care of Yourself* is the title of a leaflet written by Dr. Walter Clarke, A.S.H.A. Executive Director, for distribution among young men about to join the Army or Navy. . . . An experimental edition has been issued for distribution by Social Hygiene societies and religious and welfare groups. . . . Ask for free copy. (Pub. A-305.)

**A New Film on Social Hygiene and National Defense.**—Plans for a film on gonorrhea have been temporarily delayed while our motion picture staff goes ahead full speed with production of what seems to be the greatest need right now—a one-reel talking film on community social hygiene responsibility in national defense. . . . It will run ten or eleven minutes, and the price will be the same as *With These Weapons*—\$50 for a 16 mm. print and \$75 for 35 mm. . . . *If you have not sent in your order, the sooner the better.*

**YOUR MEMBERSHIP FOR 1941.**—Never more needed to aid national work—never more valuable to you in your community program. Please send your dues early to save us bookkeeping and insure that the JOURNAL and NEWS reach you regularly.

### SOCIAL HYGIENE DAY REGIONAL CONFERENCES

Don't fail to attend the one in your vicinity, as described on pages 432-3. Write to the Conference Secretary at the address given, for further details and remember to send in your luncheon reservation early.

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